

# Institute of Healthcare Quality and Accreditation (IHQA)

*"Discovering Excellence"*

## Membership Form

**Membership ID: IHQA/**  
(to be filled in by IHQA)

Paste your recent  
passport size  
photograph

Name (in capital letters) \_\_\_\_\_

Designation \_\_\_\_\_

Organisation \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Mobile \_\_\_\_\_ Email \_\_\_\_\_

Details of DD/Check: No. \_\_\_\_\_ Date \_\_\_\_\_ Bank: \_\_\_\_\_

Completed membership form may please be sent to:

**Training Coordinator**

Institute of Healthcare Quality and Accreditation (IHQA)

C-314, Hari Marg, Malviya Nagar

Jaipur

email : info@ihqa.in