

Institute of Healthcare Quality and Accreditation (IHQA)

"Discovering Excellence"

Registration Form

Organisation _____

Address _____

S. No.	Name of Participant(s) with Designation
1	
2	
3	
4	

Telephone _____ Fax _____

Mobile _____ Email _____

Details of DD/Check: No. _____ Date _____ Bank: _____

A group discount of 10% will be applicable for **four or more** participants from same organisation or nominated by one organisation. Completed membership form along with course fee through DD/ Check in favour of "Institute of Healthcare Quality and Accreditation" may please be sent to:

Training Coordinator

Institute of Healthcare Quality and Accreditation (IHQA)

C-314, Hari Marg, Malviya Nagar

Jaipur, India

email : info@ihqa.in