

Certificate Course in Health Intranet System Administration Application Form

Name :
(In Block Letters)

Date of Birth :

Address :

Phone :

Email ID :
(Compulsory)

Qualification :

Degree	Year	Subjects	Institution	University

Experience :

From Date	To Date	Post	Experience

Payment Details :

Payment Date	Amount Paid	Demand Draft No.	Remarks (Bank Details)

Instructions :

1. Draw a DD for Rs.100/- in favour of Institute of Health Systems payable at Hyderabad through any national bank.
2. Attach the DD to the duly filled in application and sent it through post.

