

MDP Nomination Form

MDP Title/Program Name: HR Practices in Health Care Sector

(Note: Please email the completed nomination form at mail@rupcha.org or rupchadelhi@gmail.com)

PARTICIPANT'S PROFILE		
Name:		
DoB:		:
Current Position/ Designation:		
Name of the Institution/ Organizatio	n:	
Official Address:		
Telephone:	Mobile:	·
e-mail:		
Educational Background (Please pro	ovide professional q	University/Institution

Work Experience (last 3 years assignments only)

Time Period

guages Known:				
ectations from the	e program (Please	write down 3 e	(pectations):	
1				
1				

Position

Organization

Signature of the Participant/

Sponsoring Authority of Organization: _____ Date: _____

Cheque/Demand Draft/NEFT or RTGS Transaction No.: ______ Date: _____

Amount (INR): _____ (in words): _____

e-mail ID and phone of sponsoring authority:

Bank details for payment through NEFT/RTGS:

Beneficiary Name: RUPCHA

Beneficiary A/c No.: 114 901 000 90778 Beneficiary Bank: The Federal Bank Ltd.

Beneficiary Bank Branch Address: Lucknow-226001

IFSC/RTGS/NEFT Code: FDRL0001149

MICR Code: 226049002

Branch Code: 31

NB: Please send the filled in nomination form through return email.

Drawn on (Bank):