

F.No. NIHFW/DLC/DHM/16/2016-17

14<sup>th</sup> September 2016

Sub: Willingness to complete the Diploma in Hospital Management through Distance Learning with the current session 2016-17.

Dear Candidate,

You were enrolled for the said course in the year 2013-14/2014-15/2015-16 & as per our records ***you have not completed the course till date.*** If you want to complete the course with the current session, then for appearing in the final examination 2017 you have to attend both the Contact Programmes, submit all the Assignments and Project Report within stipulated date for the current batch. Kindly fill up the details in the attached prescribed proforma about your status in terms of Contact Programmes, submission of all the Assignments and Project Report and above all your willingness to appear in Final Examination 2017.

If you wish to appear in the examination this year then you are requested to send us the ***dully filled Willingness Form*** enclosed along with a Demand Draft of Rs.500/- (Rupees Five hundred only) in favour of "Director, NIHFW" payable at "New Delhi" as Continuation Fees. The same should reach the Institute latest by 24<sup>th</sup> October 2016.

Yours sincerely,

( Utsuk Datta )  
Dean of Studies

Encl: As above

**N.B.: Please quote your Enrolment Number while corresponding with the Institute in future.**

## **WILLINGNESS FORM (SESSION 2016-17)**

(ONLY FOR BATCHES 2013-14, 2014-15 & 2015-16)

Sub: Willingness to appear in the final examination of Diploma in Hospital Management through Distance Learning with current session 2016-17.

Sir,

I intend to appear in the examination for the Diploma in Hospital Management with the batch 2016-17. I am enclosing a Demand Draft of Rs.500/- as Continuation Fees in favour of **DIRECTOR, NIHFW**, New Delhi payable at **New Delhi**.

Enrolment No. : DHM/\_\_\_\_/20\_\_\_\_ Demand Draft No.\_\_\_\_ Date\_\_\_\_

Name : Dr./Mrs./Ms./Mr.\_\_\_\_

(In Capital Letters) \_\_\_\_\_

Current Mailing: \_\_\_\_\_

Address \_\_\_\_\_

(In Capital Letters) City\_\_\_\_\_ Pin Code\_\_\_\_\_ State\_\_\_\_\_

Phone No. : \_\_\_\_\_ Mobile No.\_\_\_\_\_

E-mail : \_\_\_\_\_

### 1. Attended Contact Programmes

Contact Programme – I: No/Yes (centre's name)\_\_\_\_\_ Dates\_\_\_\_\_

Contact Programme – II: No/Yes (centre's name)\_\_\_\_\_ Dates\_\_\_\_\_

2. Assignments sent: Assignment – I Date\_\_\_\_\_

Assignment – II Date\_\_\_\_\_

3. Project Report submitted: No/Yes Date\_\_\_\_\_

**In case you do not fulfil the above mentioned 3 conditions, you are not eligible for the final examination with the current batch.**

\_\_\_\_\_  
(Signature with date)

Please mail this page to:

Distance Learning Cell  
Room No.417  
National Institute of Health & Family Welfare  
Baba Gangnath Marg, Munirka, NEW DELHI-110067

**(Please mention your enrolment number on the envelope)**