



NATIONAL INSTITUTE OF HEALTH AND FAMILY WELFARE

Baba Gang Nath Marg, Munirka, New Delhi-110067

Course Code: **1617**

Non-funded(0)/ Funded(1) /Paid (2)

Course Type: (1=Training, 2=Workshop, 3=Seminar, 4=Symposium, 5=Expert Group Meetings, 6= Mixed, 7=Other events)

Collaboration with (if any) _____

Course Title: _____

From Date (DD/MM/YY) ___/___/20___ To Date (DD/MM/YY) ___/___/20___

Course Coordinator	_____	Employee Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Course Co-coordinators:	(1) _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	(2) _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Course Associates:	(1) _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	(2) _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

No. of Participants:

Participant's Performa Scrutinised by: _____

Signature of the Course Coordinator

Email: _____

Incharge, Computer Centre

For use of Computer Centre

Data Entered by: _____

Employee Code

date: ___/___/20___



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(Please use block letters to fill the form)

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PARTICIPANT'S PERFORMA

Title	First Name	Middle Name	Last Name	Gender
Mr/Ms/Dr				M / F

Qualifications: _____ Age:

Designation: _____ Years of Service:

Pay Scale: _____ Gazetted(1) Non Gazetted(2)

Position: <input type="text"/> <input type="text"/>	01	Faculty from Medical College	02	Faculty from Nursing College
State Level >	03	Faculty from SIHFW/CTIs	04	Director General or Director Health Services
	05	Additional Director	06	State Programme Officers
	07	Joint Director	08	Assistant Director
	09	Deputy Director	10	Any other Technical Post
	11	Division Level: Additional Director & other medical/ non medical	12	District Level: Additional Director and other medical/ non medical Programme Officers
	13	Block Level: Medical /non medical	14	CMOs/MOs
	15	Hospital Administrator/ Superintendent	16	Finance/Accounts Officials
	17	Statisticians	18	Health Educators
	19	Medical Graduate/PG Students	20	Other Positions(Pl. Specify)

Category (1= General, 2= SC, 3=ST, 4=Others)

Office Name (Present) _____

Organisation Type (1= Govt., 2=Semi-Government, 3=Autonomous 4=NGO, 5=Others)

Address (Location) _____

City/Town*: _____

PIN

District*: _____

State*: _____

Telephone: _____ - _____
(with STD code)

Extn. _____

Fax: _____ - _____
(with STD code)

Mobile: _____

Website: _____

Email: _____

Alternate Email: _____

Signature of the Participant

* Names to be correctly spelled & no abbreviations please.