

## Job Notification & Campus Visit Confirmation Form

To be completed and returned by the Organization

Name of the Organization		
Contact Person/ Designation		
Email Address		
Phone Number		
Mobile Number		
Fax Number		
Website		
<b>Mode of Selection</b>		
<b>Preferred Date of Campus Visit for Recruitment</b> *(Please mention the preferred dates)		
Pref. 1		
Pref. 2		
Pref. 3		
<b>Job Details</b>		
Total Intended Intake (No. of Vacancies)		
Designation		
Job Description (in brief)		
Location of assignment		
Salary details	During Probation	After Confirmation
(Attached separate sheet, if necessary )		
Date :		Signature and Designation
<p>Mail or fax the duly filled in form to:  <b>Institute of Health Management and Research</b>  #319, Near Thimma Reddy Layout, Hulimangala Post, Electronic City Phase-1, Bangalore - 560105.  Phone: 080-6113 3800, Extn.808/Mob: 09986479275  Email: <a href="mailto:placements@iihmrbangalore.edu.in">placements@iihmrbangalore.edu.in</a></p>		