**To be submitted on an official letter head of the applicant hospital**

**Annexure – *Nodal Programme Coordinator***

*This Annexure is applicable only for state Government owned District/Civil/General Hospital applying under District DNB Programme*

|  |  |  |  |
| --- | --- | --- | --- |
| **NODAL PROGRAMME COORDINATOR** | | | |
| **At applicant hospital**  *(He/she will be the Single Point of Contact for all telephonic and email communication with this hospital)* | **Name & Designation** | **Mobile Number** | **Email-ID** |
|  |  |  |
| **At Directorate of Health Services (DHS)** | **Name & Designation** | **Mobile Number** | **Email-ID** |
|  |  |  |
| **At Annexed Secondary Node** | **Name & Designation** | **Mobile Number** | **Email-ID** |
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**Signature with official stamp of Administrative Head of the Institute/Hospital**

*(Authorized signatory on behalf of applicant hospital*

Date:……………………….

Place:……………………..