



ARYABHATTA KNOWLEDGE UNIVERSITY

FOR THE DEGREE OF BACHELOR OF HOSPITAL MANAGEMENT (BHM)

Session: 2021-25

PROJECTREPORTON

“TOPIC NAME”



DHANARUA SCHOOL OF NURSING AND PARAMEDICS

Awadhara, Pavery, Dhanarua, Patna – 804451.

Under the Guidance of: -

Mukesh Kr. Das

HOD - BHM

DSNP, Patna

Submitted By:-

Student Name:

Registration No.:

Course and Session:

DHANARUA SCHOOL OF NURSING AND PARAMEDICS

Awadhara, Pavery, Dhanarua, Patna – 804451.

This is to certify that Mr./Ms. _____
Registration No.: _____, *a student of the Bachelor of Hospital Management
program, has successfully worked on the project titled:*
“ _____ ”

He/she has carried out the project work sincerely, dedicatedly, and enthusiastically under my supervision.

To the best of my knowledge, this is an original and technically accurate work. I hereby recommend that the project report submitted by him/her be accepted as partial fulfilment of the requirements for the **Bachelor of Hospital Management** degree under **Aryabhatta Knowledge University**.

Name of Guide: _____

Designation: _____

Institution: DSNP, Patna

Date: _____

Signature: _____

DECLARATION

I hereby declare that the project work entitled

“ _____ ”

submitted by Mr./Ms. _____ to **Dhanarua School of Nursing & Paramedics, Dhanarua**, is an original work carried out under the guidance of the **Head of Department**, Dhanarua School of Nursing & Paramedics.

This project work is submitted in partial fulfilment of the requirements for the award of the degree of **Bachelor of Hospital Management**.

Signature: _____

Name of Student: _____

Registration Number: _____

Course & Session: _____

DHANARUA SCHOOL OF NURSING AND PARAMEDICS

Awadhara, Pavery, Dhanarua, Patna – 804451.

CERTIFICATE

This is to certify that the work embodied in this dissertation entitled:

“ [REDACTED] ”

being submitted by **Mr./Ms.** “ [REDACTED] ”

in partial fulfilment of the requirements for the award of the **Bachelor of Hospital Management** degree at **Dhanarua School of Nursing & Paramedics, Dhanarua**, during the academic year **2019–2023 / 2020–2024**, is a record of **Bonafide and original work** carried out under the supervision of the undersigned.

Approved and Supervised by:

Ravi Ranjan Kumar

Principal

Dhanarua School of Nursing & Paramedics, Patna

Head of Department:

Mukesh Kumar Das

HOD - BHM

Dhanarua School of Nursing & Paramedics, Patna

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By:

[Student's Name]

Registration No.: **[]**

Course & Session: **[]**

FORWARDING

To,
Mr. Ravi Ranjan Kumar
Principal,
Dhanarua School of Nursing & Paramedics
Awadhara, Pavery, Dhanarua, Patna

It is my proud privilege to write the forwarding note for the project titled

“ _____ ”

submitted by **Mr./Ms.** _____,

Registration No.: _____, a student of the **Bachelor of Hospital Management** program.

The completion of this project reflects commendable dedication, sincere effort, and a clear understanding of the subject matter. I strongly believe that this work is a product of the student's hard work, academic insight, and enthusiasm for the topic.

I extend my best wishes for his/her continued success and pray to the Almighty for a bright and prosperous future.

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-----MAINBODYOFPROJECT-----
Minimum 60 Pages.