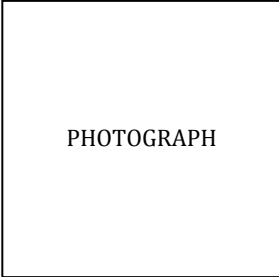


Application Form



Name : \_\_\_\_\_

Age : \_\_\_\_\_

Educational Qualifications : \_\_\_\_\_

Current Organization / Institution: \_\_\_\_\_

Work Experience : \_\_\_\_\_

Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Email : \_\_\_\_\_

How did you get to know about these courses? \_\_\_\_\_

Course (s) selected :

- |          |               |   |       |
|----------|---------------|---|-------|
| 1. _____ | Tuition       | : | _____ |
| 2. _____ | Tuition       | : | _____ |
| 3. _____ | Tuition       | : | _____ |
|          | Total Tuition | : | _____ |

Payment by: at par cheque: \_\_\_\_\_ / Demand Draft \_\_\_\_\_  
(in the name of "Indian Institute of Public Health – Hyderabad")

Signature

Date and Place: \_\_\_\_\_