



**PUBLIC
HEALTH
FOUNDATION
OF INDIA**

Working Towards a Healthier India

**Nomination/ Application form with
CV and statement of purpose should be
forwarded by post to:**

Manager, Academic Programmes, Public
Health Foundation of India(PHFI), PHD House,
Siri Fort Institutional Area, August Kranti Marg,
New Delhi – 110016.

INDIAN INSTITUTE OF PUBLIC HEALTH – DELHI

NOMINATION / APPLICATION FORM POST GRADUATE DIPLOMA IN CLINICAL RESEARCH

(To be filled in by the nominee / applicant in capital letters)

NAME & SURNAME : _____

GENDER : M F AGE : _____ DATE OF BIRTH : _____ NATIONALITY : _____

ACADEMIC BACKGROUND

Level of academic qualification	Board/College/University/ Institution of Affiliation	Year of Passing	Final Percentage/ Grade/Class	Any other Comments
Class X				
Class XII				
Bachelors / Undergraduate Degree				
Masters / Post Graduate Degree or any other equivalent qualification				
Any Additional Qualification / Training				

LIST OF RECENT ACADEMIC AWARDS/ACHIEVEMENTS: _____

WORK EXPERIENCE

	Name of Organisation	Designation	Duration of Employment
Current			
Past			

