



INDIAN INSTITUTE OF PUBLIC HEALTH GANDHINAGAR
 (A University established under IIPHG Act, 2015 of Gujarat State)

First Public Health University in India

NOMINATION / APPLICATION FORM
MASTER OF PUBLIC HEALTH
2017-19

Affix a passport
 Size photograph
 here

(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	Degree	Subject/ Stream	Board/Univ ersity	College/Institution of Affiliation	Year of Passing	Final Percentage/ Grade/class
Class X	N/A					
Class XII	N/A					
Bachelors/Undergraduate Degree						
Masters/Post Graduate Degree or any other equivalent qualification						
Any additional Qualification/Training						

PG ENTRANCE

Have you given any PG entrance exam? Yes No

- If answered yes to previous question
 - Full name of entrance exam _____
 - Year of appearance in exam _____
 - State (if specific to any state) _____
 - Score (percentage/percentile) _____

WORK EXPERIENCE

Total work experience in years: _____

Duration of Employment	Name of Organization	Designation	Roles/Responsibilities
Current			
Past			

LIST OF RECENT ACADEMIC AWARDS/ ACHIEVEMENTS (Including publications/ presentation)

EXTRA CURRICULAR ACTIVITIES

Do you belong to SC/ST/OBC/PH? : Yes/ No
(If Yes, Please specify category _____, please attach self-attested copy of the certificate)

ENCLOSURES: (Please do not send any original certificates-they are to be produced only at the time of personal interview):

- Necessary copies of all academic statements from class X onwards and PG entrance exam results
- Copy of resume/ curriculum vitae
- Contact details of three referees: two academic + one professional (if some work experience)
- **Statement of purpose** (This needs to be a 250-500 word summary, written completely by the candidate, stating professional goals and career plans, including plans and expectations in pursuing MPH Programme)

*** THE LAST DATE FOR ACCEPTING APPLICATIONS IS 15th June 2017.**

Source of information about MPH Course in IIPHG: _____

**APPLICANT'S ADDRESS
FOR COMMUNICATION:** _____

CITY: _____

COUNTRY: _____

PINCODE: _____

PHONE (Residence): _____

FAX: _____

MOBILE: _____

EMAIL: _____

Date: _____

Signature _____

Nomination / Application form with required documents should be posted to:

Assistant Registrar (Academic)

INDIAN INSTITUTE OF PUBLIC HEALTH GANDHINAGAR

University formed under IIPHG Act 2015 of Gujarat State
Opposite Air Force Head Quarters, Near Lekawada Bus stop,
Gandhiangar-Chiloda Road, Lekawada, CRPF.P.O, Gandhinagar - 382042, Gujarat, INDIA
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URL: www.iiphg.edu.in, www.phfi.org,