



INDIAN
INSTITUTE OF
PUBLIC HEALTH
HYDERABAD

INDIAN INSTITUTE OF PUBLIC HEALTH, HYDERABAD

Plot # 1, ANV Arcade, Amar Cooperative Society, Kavuri Hills, Madhapur, Hyderabad-500033

Application Form

1. Name of the applicant (block letters) : _____

2. Age _____ Gender: _____

3. Address for communication : _____

Tel. No.: _____ Fax No. _____ E-mail: _____

4. Education : Highest degree: _____ Discipline: _____

5. Present position: _____

Name and location of the organization: _____

6. Experience: _____

7. Please mention the title(s) of the workshop(s) you wish to attend:

8. Details of the Demand Draft:

Amount: _____ Date: _____ DD Number: _____

Drawn in Favour of: **Public Health Foundation of India Payable at New Delhi**