



**NOMINATION/ APPLICATION FORM**

**Integrated MSc & PhD in Health Informatics  
(August 2022 Session)**

**Indian Institute of Public Health - Hyderabad**

(To be filled by the applicant/nominee in capital letters. Please tick in the appropriate boxes)

**First Name:** ..... **Last Name:** .....

**Father's/Husband's Name:** .....

**Gender:** Male  Female  Others

**Age:** ..... **Date of Birth:** .....

**Nationality:** .....

**Category:** SC  ST  OBC  PH  GENERAL

**Applicant Status:** Self-sponsored  Nominated

If nominated, please give details of nominating organization/dept.:  
.....

Affix a passport  
size photograph  
here

**ACADEMIC BACKGROUND**

| Level of qualification                                      | Name of the Degree | Stream / Subjects | Board/University | College/ Institution of Affiliation | Year of passing | Aggregate Percentage |
|---|--------------------|-------------------|------------------|-------------------------------------|-----------------|----------------------|
| Class X   | N/A                | N/A               |                  |                                     |                 |                      |
| Class XII   | N/A                |                   |                  |                                     |                 |                      |
| Bachelors/ Undergraduate Degree                             |                    |                   |                  |                                     |                 |                      |
| Post graduate/ Master's or any other relevant qualification |                    |                   |                  |                                     |                 |                      |
| Any other qualification / Training                          |                    |                   |                  |                                     |                 |                      |

**LIST OF RECENT ACADEMIC AWARDS/ ACHIEVEMENTS (if any):**

.....  
.....

## WORK EXPERIENCE

Total work experience in years: .....

|         | Name of the Organization | Designation | Duration of Employment |
|---------|--------------------------|-------------|------------------------|
| Current |                          |             |                        |
| Past    |                          |             |                        |
|         |                          |             |                        |
|         |                          |             |                        |

## ENCLOSURES:

- Transcripts of Class X and Class XII
- Degree certificates and marks sheets of Bachelor/ Under Graduate degree and any other relevant qualifications
- Latest Curriculum Vitae/ Resume
- Contact details of 2 referees (academic/professional)
- **Statement of Purpose** (This needs to be a 250- 300 word summary stating professional goals and career plans including plans and expectations in pursuing this program)

***Last date for accepting applications is 31<sup>st</sup> May 2022***

## APPLICANT'S ADDRESS FOR COMMUNICATION:

.....  
.....

City:

State:

Country:

Pin code:

Phone (Residence):

Mobile:

Fax:

Email:

Date:

Signature:

## Please post your completed application to:

Senior Program Officer

Indian Institute of Public Health

Plot no # 1, A.N.V. Arcade, Amar Co-op Society

Madhapur, Kavuri Hills, Hyderabad - 500 033

Phone: +91-40-49006000

Fax: +91-40-49006060

E-mail: [acad@phfi.org](mailto:acad@phfi.org),

URL: [www.phfi.org](http://www.phfi.org)



**INDIAN  
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