



NOMINATION/ APPLICATION FORM

Integrated MSc & PhD in Health Informatics

(August 2023 Session)

Indian Institute of Public Health - Hyderabad

First Name: Last Name:

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

	Father's/Husband's Name:					Affix a passport	
Gender : Male □	Male ☐ Others ☐			size photograph here			
Age: Nationality:							
Category: SC □	ST	□ 0	ВС 🗆 РН 🗆	GENERAL □			
Applicant Status: Self-sponsored □ Nominated □							
If nominated, plea	ase give details	of nominat	ing organization/dep	t.:			
-							
ACADEMIC BACK	GROUND						
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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					
	N1 / A						
Class XII	N/A						
Class XII Bachelors/	N/A						
Bachelors/ Undergraduate	N/A						
Bachelors/	N/A						
Bachelors/ Undergraduate Degree Post graduate/ Master's or any	N/A						
Bachelors/ Undergraduate Degree Post graduate/ Master's or any other relevant	N/A						
Bachelors/ Undergraduate Degree Post graduate/ Master's or any other relevant qualification	N/A						
Bachelors/ Undergraduate Degree Post graduate/ Master's or any other relevant	N/A						

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 30th June 2023

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, Hyderabad Sy. No. 384, Premavathipet Village Rajendranagar Mandal, Himayatsagar Road, RR District, Hyderabad-500030, Telangana

Tel: +91-40-24006000

E-mail: acad@phfi.org/acad@iiphh.org

URL: www.phfi.org

