NOMINATION/ APPLICATION FORM

Integrated MSc & PhD in Health Informatics
(August 2023 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.:
........................................................................................................................................

ACADEMIC BACKGROUND

<table>
<thead>
<tr>
<th>Level of qualification</th>
<th>Name of the Degree</th>
<th>Stream / Subjects</th>
<th>Board/University</th>
<th>College/Institution of Affiliation</th>
<th>Year of passing</th>
<th>Aggregate Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class X</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Class XII</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bachelors/Undergraduate Degree</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post graduate/Master’s or any other relevant qualification</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any other qualification / Training</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Affix a passport size photograph here
WORK EXPERIENCE

Total work experience in years: .......................  

<table>
<thead>
<tr>
<th>Name of the Organization</th>
<th>Designation</th>
<th>Duration of Employment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Past</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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