NOMINATION/ APPLICATION FORM

Integrated MSc & PhD in Health Informatics
(August 2020 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>
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<tr>
<td>Class XII</td>
<td>N/A</td>
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<tr>
<td>Bachelors/ Undergraduate Degree</td>
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<tr>
<td>Post graduate/ Master’s or any other relevant qualification</td>
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<td>Any other qualification / Training</td>
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</table>

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

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WORK EXPERIENCE

Total work experience in years: ……………………

<table>
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<tr>
<th>Name of the Organization</th>
<th>Designation</th>
<th>Duration of Employment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current</td>
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</tr>
<tr>
<td>Past</td>
<td></td>
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</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 5th August 2020

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,
URL: www.phfi.org