NOMINATION/ APPLICATION FORM

Integrated MSc & PhD in Clinical Research  
(August 2020 Session)

Indian Institute of Public Health - Delhi
(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: .................................................................
Affix a passport size photograph here

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

..........................................................................................................................................................................................
WORK EXPERIENCE

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

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<tr>
<th>Name of the Organization</th>
<th>Designation</th>
<th>Duration of Employment</th>
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<tbody>
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<td>Current</td>
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<tr>
<td>Past</td>
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</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 3rd 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 – Academic Programs
Public Health Foundation of India (PHFI)
Plot No. 47, Sector-44, Institutional Area, Gurgaon-122003
Tel.: 0124- 4722900, +91-7042073761, Fax No. 0124- 4722901
E-mail: acad@phfi.org