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: ..................................................................................................

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>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Class XII</td>
<td>N/A</td>
<td></td>
<td>N/A</td>
<td></td>
<td>N/A</td>
<td>N/A</td>
</tr>
<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></td>
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<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Any other qualification/Training</td>
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<td>N/A</td>
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<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

LIST OF RECENT ACADEMIC AWARDS/ ACHIEVEMENTS (if any):
..........................................................................................................................................................
..........................................................................................................................................................
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>
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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 31st July 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