



## NOMINATION/ APPLICATION FORM

# Integrated MSc & PhD in Clinical Research (August 2018 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:		L	ast Name:			
Father's/Husband'	s Name:				Affix a	passport
Gender: Male	Female ☐ Others ☐  Date of Birth:				size photograph here	
Nationality:						
Category: SC $\square$	ST	□ 0I	вс □ РН □	GENERAL $\square$		
<b>Applicant Status:</b> Self-sponsored □ Nominated □						
If nominated, please give details of nominating organization/dept.:						
ACADEMIC BACKGROUND						
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				
Class XII	N/A					
Bachelors/ Undergraduate Degree						
Post graduate/ Master's or any other relevant qualification						
Any other qualification / Training						
LIST OF RECENT ACADEMIC AWARDS/ ACHIEVEMENTS (if any):						

#### **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 15th June 2018

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)

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