

**NOMINATION/ APPLICATION FORM**

**Master of Public Health (MPH)  
(August 2022 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  EWS

**Applicant Status:** Self-sponsored  Nominated

If nominated, please give details of nominating organization/dept.: .....

Affix a passport size photograph here

**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):**

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**WORK EXPERIENCE**

Total work experience in years: .....

	Name of the Organization	Designation	Duration of Employment
Current			
Past			

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**ENCLOSURES:**

- i. Transcripts of Class X and Class XII
- ii. Degree certificates and marks sheets of Bachelor/ Under Graduate degree and any other relevant qualifications
- iii. Latest Curriculum Vitae/ Resume
- iv. Contact details of 2 referees (academic/professional)
- v. Caste Certificate (SC/ST/OBC/PH/EWS for General Category)
- vi. 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 31<sup>st</sup> May 2022***

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**APPLICANT'S ADDRESS FOR COMMUNICATION:**

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**City:**

**State:**

**Country:**

**Pin code:**

**Phone (Residence): Mobile:**

**Fax: Email:**

**Date:**

**Signature:**

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**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](mailto:acad@phfi.org)

