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

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>
</tr>
<tr>
<td>Class XII</td>
<td>N/A</td>
<td></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):

..........................................................................................................................................................
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>
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<tr>
<td>Past</td>
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</tbody>
</table>

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 30th June, 2022

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