NOMINATION/ APPLICATION FORM

Master of Public Health (MPH)
(August 2023 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>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bachelors/ Undergraduate Degree</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post graduate/ Master’s or any other relevant qualification</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any other qualification / Training</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></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>
<td></td>
<td></td>
</tr>
</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, 2023

APPLICANT’S ADDRESS FOR COMMUNICATION:

City:  
State:  
Country:  
Pin code:  
Phone (Residence): Mobile:  
Fax: Email:  

Date:  

Signature:  

Please post your completed application to:

Manager – Academic Programs
Indian Institute of Public Health- Delhi,
3rd Floor, KIIT College of Engineering,
KIIT College Campus, Sohna Road-Mumbai Expressway,
Bhondsi (Near Maruti Kunj),
Gurugram-122102, Haryana | INDIA
Tel:- +91-7042073761, E-mail: acad@phfi.org