

NOMINATION/ APPLICATION FORM

**Integrated MSc (Clinical Research) & PhD
(August 2024 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 | | | |
| | | | |
| | | | |

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 31st May, 2024

APPLICANT'S ADDRESS FOR COMMUNICATION:

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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@iiphd.org

