



# INDIAN INSTITUTES OF PUBLIC HEALTH

**Nomination/ Application form with required documents should be posted to:**  
**Senior Program Officer,**  
 (Academic Programs)  
 Public Health Foundation of India,  
 Plot No.47, Sector-44, (Opposite PF Office)  
 Institutional Area, Gurgaon-122002 (Haryana)  
 Phone: +91-124-4722900, +91-7042073761  
 Fax: +91-124-4722901  
 E-mail: [acad@phfi.org](mailto:acad@phfi.org), URL: [www.phfi.org](http://www.phfi.org)

**INDIAN INSTITUTE OF PUBLIC HEALTH (IIPH) – DELHI NCR,  
 GANDHINAGAR (Gujarat), BHUBANESWAR (Odisha)  
 & HYDERABAD (Telangana)**

Affix a passport  
size photograph  
here

**NOMINATION / APPLICATION FORM  
 POST GRADUATE DIPLOMA IN  
 PUBLIC HEALTH MANAGEMENT (PGDPHM) 2018-19**

(To be filled in by the nominee / applicant in capital letters)

NAME & SURNAME: \_\_\_\_\_

GENDER: M  F  AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ NATIONALITY: \_\_\_\_\_

Categories: SC  ST  OBC  PHC/VHC/Hearing impaired  General

**ACADEMIC BACKGROUND**

Level of academic qualification	Degree	Board/University	College/Institution of Affiliation	Year of Passing	Final Percentage/Grade/Class
Class X	N/A				
Class XII	N/A				
Bachelors/Undergraduate Degree					
Masters/Post Graduate Degree or any other equivalent qualification					
Any additional Qualification/Training					

**LIST OF RECENT ACADEMIC AWARDS/ACHIEVEMENTS:** \_\_\_\_\_

\_\_\_\_\_

**WORK EXPERIENCE**

Total work experience in years: \_\_\_\_\_

	Name of Organisation	Designation	Duration of Employment
Current			
Past			

