



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, URL: www.phfi.org

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

**NOMINATION / APPLICATION FORM
 POST GRADUATE DIPLOMA IN
 PUBLIC HEALTH MANAGEMENT (PGDPHM) 2020-21**
 (To be filled in by the nominee / applicant in capital letters)

Affix a passport size photograph here

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			

DESCRIPTION OF PRESENT RESPONSIBILITY:

ENCLOSURES:

- Please enclose necessary copies of all academic statements
- Copy of CV
- Contact details of 3 referees (2 academic/1 professional)
- Statement of purpose (This needs to be a 250-500 word summary stating professional goals and career plans including plans and expectations in pursuing this Diploma Program)

*** THE LAST DATE FOR ACCEPTING APPLICATIONS IS 31st May, 2020.**

(PLEASE TICK ONE OF THE FOLLOWING):

For self-sponsored candidates. Please give your preference for the institute

- IIPH Delhi IIPH Gandhinagar IIPH Hyderabad IIPH Bhubaneswar

**APPLICANT'S ADDRESS
FOR COMMUNICATION:**

CITY: _____

COUNTRY: _____

PINCODE: _____

PHONE (Residence): _____

FAX: _____

MOBILE: _____

EMAIL: _____

Date: _____

Signature _____

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