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)

NAME & SURNAME: _____________________________________________________________

GENDER: M ☐ F ☐ AGE: _______ DATE OF BIRTH: __________ NATIONALITY: ______________

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

ACADEMIC BACKGROUND

<table>
<thead>
<tr>
<th>Level of academic qualification</th>
<th>Degree</th>
<th>Board/University</th>
<th>College/Institution of Affiliation</th>
<th>Year of Passing</th>
<th>Final Percentage/Grade/Class</th>
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</thead>
<tbody>
<tr>
<td>Class X</td>
<td>N/A</td>
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<tr>
<td>Class XII</td>
<td>N/A</td>
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<td>Bachelors/Undergraduate Degree</td>
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<td>Masters/Post Graduate Degree or any other equivalent qualification</td>
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<td>Any additional Qualification/Training</td>
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LIST OF RECENT ACADEMIC AWARDS/ACHIEVEMENTS: ____________________________________________

WORK EXPERIENCE
Total work experience in years: _______________________________________________________

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<tr>
<th>Name of Organisation</th>
<th>Designation</th>
<th>Duration of Employment</th>
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<td>Current</td>
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<tr>
<td>Past</td>
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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 July, 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 _______________________

Please post your application to: Senior Program Officer (Academic Programs) Public Health Foundation of India, Plot No.47, Sector-44, (Opposite PF Office) Institutional Area, Gurgaon-122002 (Haryana)