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**APPLICATION FORM FOR FOREIGN CANDIDATES**

**MASTER OF PUBLIC HEALTH COURSE**

(Affiliated to Kaloji Naryana Rao University of Health Sciences, Warangal, Telangana, India)

Academic Year 2023-24

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

NAME & SURNAME:  ________________________________________________

FATHER’S NAME:          ______________________________________________

MOTHER’S NAME:         ______________________________________________

SEX:                               MALE      FEMALE   DATE OF BIRTH: ____________

AGE:                           ________________ NATIONALITY:   ______________

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/ Graduates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bachelors/ Undergraduate Degree of equivalent</td>
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<tr>
<td>Masters / Post Graduate Degree or any other equivalent qualification or Equivalent</td>
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<tr>
<td>Any additional Qualification / Training</td>
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</table>
WORK EXPERIENCE

Total work experience in years: ___________________________________________________

<table>
<thead>
<tr>
<th>Duration of Employment</th>
<th>Name of Organization</th>
<th>Designation</th>
<th>Roles / Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current</td>
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<tr>
<td>Past</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

LIST OF RECENT ACADEMIC AWARDS / ACHIEVEMENTS (Including publications / presentations)

EXTRA CURRICULAR ACTIVITIES

ENCLOSURES: (Please do not enclose any original certificates- they are to be produced only at the time of personal interview):

• **Statement of Purpose** (250-500 word summary written completely by the candidate, stating professional goals and career plans, including plans and expectations in pursuing MPH Programme)
• Copy of resume / curriculum vitae
• Contact details of three references: two academic and one professional (if some work experience)
• Copy of Valid Passport
THE LAST DATE FOR ACCEPTING APPLICATION IS 19th Sept, 2023

Source of information about MPH Course in IIPH: ________________________________

APPLICANT’S ADDRESS
FOR COMMUNICATION: _______________________________________________

CITY: ________________________________________________________________
COUNTRY: ___________________________________________________________
PIN CODE: ___________________________________________________________
PHONE (Residence): ___________________________________________________
MOBILE: ___________________________________________________________
EMAIL: ______________________________________________________________

Date: ______________________ Signature: ______________________

Application form with required documents should be posted to:

Officiating Dean- Academic Programs and Training
INDIAN INSTITUTE OF PUBLIC HEALTH – HYDERABAD
Sy. No. 384, Premavathipet Village, Rajendranagar Mandal, RR District, Hyderabad-500030, Telangana
Contact No: 040-24006000/09000187772
Email: rajan.shukla@iiphh.org