



INDIAN  
INSTITUTE OF  
PUBLIC HEALTH  
HYDERABAD

**INDIAN INSTITUTE OF PUBLIC HEALTH – HYDERABAD**

**APPLICATION FORM FOR FOREIGN CANDIDATES**

**MASTER OF PUBLIC HEALTH COURSE**

**(Affiliated to Kaloji Naryana Rao University of Health Sciences, Warangal, Telangana, India)  
Academic Year 2019-20**

(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: \_\_\_\_\_

Affix a passport  
size Photograph  
here

**ACADEMIC BACKGROUND**

Level of Academic Qualification	Degree	Board / University	College / Institution of Affiliation	Year of Passing	Final Percentage/ Graduates
Bachelors/ Undergraduate Degree of equivalent					
Masters / Post Graduate Degree or any other equivalent qualification or Equivalent					
Any additional Qualification / Training					

**WORK EXPERIENCE**

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

<b>Duration of Employment</b>	<b>Name of Organization</b>	<b>Designation</b>	<b>Roles / Responsibilities</b>
<b>Current</b>			
<b>Past</b>			

**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 6<sup>TH</sup> SEPTEMBER, 2019 upto 05:00 pm.**

Source of information about MPH Course in IIPHH: \_\_\_\_\_

APPLICANT'S ADDRESS  
FOR COMMUNICATION:

\_\_\_\_\_  
\_\_\_\_\_

CITY:

\_\_\_\_\_

COUNTRY:

\_\_\_\_\_

PIN CODE:

\_\_\_\_\_

PHONE (Residence):

\_\_\_\_\_

MOBILE:

\_\_\_\_\_

EMAIL:

\_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**The filled up scanned application form along with attachments should be sent by mail to the [jayaram.m@iiph.org](mailto:jayaram.m@iiph.org) on or before 05:00 pm 6<sup>th</sup> September, 2019**

Application form with required documents should be posted to:

Senior Academic Registrar  
INDIAN INSTITUTE OF PUBLIC HEALTH – HYDERABAD  
Plot No 1, ANV Arcade, Amar co-operative Society  
Kavuri Hills, Madhapur – 500033  
Phone No : 040-49006002/09505066266  
Email: [jayaram.m@iiph.org](mailto:jayaram.m@iiph.org)