APPLICATION FORM FOR FOREIGN CANDIDATES
MASTER OF PUBLIC HEALTH COURSE
(Affiliated to Kaloji Naryana Rao University of Health Sciences, Warangal, Telangana, India)
Academic Year 2020-21

(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>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Masters / Post Graduate Degree or any other equivalent qualification or Equivalent</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any additional Qualification / Training</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</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>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Past</td>
<td></td>
<td></td>
<td></td>
</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 14th Nov 2020.

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:

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@iiphh.org