



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 2021-22**

(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: _____

Duration of Employment	Name of Organization	Designation	Roles / Responsibilities
Current			
Past			

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 22nd SEPTEMBER, 2021 upto 5:00 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@iiphh.org on or before 5:00 pm 22nd September, 2021

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