

Workshop Series 2019 - 20

Registration Form



INDIAN
INSTITUTE OF
PUBLIC HEALTH
DELHI

PREFIX (Prof./ Dr./Mr./Ms./Mrs.)			
FIRST NAME:			
MIDDLE NAME:			
LAST NAME:			
AGE			
GENDER:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other
QUALIFICATIONS:	<input type="checkbox"/> MBBS / BDS / AYUSH	<input type="checkbox"/> MD / MS / MDS	<input type="checkbox"/> PhD
	<input type="checkbox"/> BA / BSc/ BCom/	<input type="checkbox"/> MA/ MSc/ MSW	
	<input type="checkbox"/> Other (please specify): _____		
EDUCATION:	<input type="checkbox"/> Under graduate	<input type="checkbox"/> Graduate	
	<input type="checkbox"/> Post graduate	<input type="checkbox"/> Doctorate	
SPECIALITY:			
NAME OF ORGANISATION:			
POSITION:			
JOB AREA:	<input type="checkbox"/> Medical	<input type="checkbox"/> Nursing	<input type="checkbox"/> Administrative/ Management
	<input type="checkbox"/> Allied Health	<input type="checkbox"/> Social Sciences	<input type="checkbox"/> Nutritionist /Dietitian
	<input type="checkbox"/> Lab Science	<input type="checkbox"/> Other (please specify): _____	
COUNTRY:			
POSTAL ADDRESS:	Address		
	Address		
	Address		
CITY:			
DISTRICT:			
STATE:			
PROVINCE:			
POSTAL CODE:			
TELEPHONE NUMBER(With ISD/STD):			
FAX NUMBER:			
MOBILE NO:(Prefix with Country Code)			
EMAIL:			
TYPE OF APPLICANT:	<input type="checkbox"/> External participant	<input type="checkbox"/> Student of PHFI	<input type="checkbox"/> Staff at PHFI
SPONSORSHIP:	<input type="checkbox"/> Self-Funded	<input type="checkbox"/> Government	<input type="checkbox"/> Other Sponsorship
NAME OF SPONSOR (If Any):			
LOCALITY TYPE:	<input type="checkbox"/> Urban	<input type="checkbox"/> Rural	
SOURCE OF INFORMATION ABOUT THIS WORKSHOP:	<input type="checkbox"/> PHFI Website	<input type="checkbox"/> Email by IIPHD	<input type="checkbox"/> Forwarded by my Organization
	<input type="checkbox"/> Social Media	<input type="checkbox"/> Friends/Colleague	<input type="checkbox"/> Others

Sl. No.	Topic	Dates	SELECT
1.	Psychological Counselling in Health Settings	Apr 30-May 3, 2019	
2.	Medical Writing	May 14-17, 2019	
3.	Economic Evaluation of Health Care Programs	May 20-24, 2019	
4.	Effective Behaviour Change Communication Strategies in Public Health	Jul 9-12, 2019	
5.	Leadership in Health and Development Sectors	Jul 23-26, 2019	
6.	Basic Statistical Analysis using R	Jul 30-Aug 2, 2019	
7.	Advanced Data Analysis Techniques in Qualitative Research using Atlas.ti	Aug 19-23, 2019	
8.	Nutritional Management of Severe Acute Malnutrition (SAM): A Capacity Building Workshop	Aug 26-30, 2019	
9.	Contingent valuation of health programmes - assigning monetary values to health outcome	Sep 16-20, 2019	
10.	Data Management, Analysis and Interpretation in Quantitative Health Research	Sep 23-27, 2019	
11.	Statistical Analysis using Stata	Oct 14-18, 2019	
12.	Introduction to Multivariable Analysis using Stata	Nov 4-8, 2019	
13.	Spatial Analysis using R and GeoDa	Nov 13-15, 2019	
14.	Operations Research in Public Health	Nov 19-22, 2019	
15.	Ethics in Clinical Research	Nov 26-28, 2019	
16.	Basic Statistical Analysis using SPSS	Nov 26-29, 2019	
17.	Project Management of Health Programs	Dec 3-6, 2019	
18.	Applied Methods of Equity Analysis in Health Care Financing	Jan 13-17, 2019	
19.	Sample Size Estimation and Sampling Techniques	Jan 28 -31, 2020	
20.	Approaches for Implementing Adolescent Health Programs	Feb 17-20, 2020	
21.	Strengthening of Routine Health Information Systems	Feb 24-28, 2020	
22.	Systematic Reviews and Meta-analysis using RevMan	Mar 2-6, 2020	
23.	Impact Evaluation: Public Programs in Health	Mar 16-20, 2019	
24.	Short Course on Access to Medicines with focus on Pharmaceutical Policy Analysis	Mar 17-20, 2020	
25.	Monitoring and Evaluation of Health Programs for Improved Decision Making	Mar 23-27, 2020	
26.	Design, Analysis and Interpretation of Diagnostic test studies	Mar 31-Apr 3, 2020	

ACCOMMODATION	The organizers will be able to provide a list of hotels or guest houses near by the institute upon request.
DETAILS OF PAYMENT: (Please Tick):	Amount (in figures) _____ (INR/ USD) Paid by:- <input type="checkbox"/> Electronic Transfer: (Please attach receipt of transaction along with registration form) <input type="checkbox"/> Cash deposit at Bank: (Please attach receipt of transaction along with registration form) <input type="checkbox"/> Demand Draft: (please give the following details) Drawn in favour of: _____ DD Number: _____ Dated: _____ Drawn Bank: _____ Please note that we do not accept direct cash payment of registration fee

- Email the completed registration form to trainings@iiphd.org
- Demand draft can be posted to the following address:
Ms Tanuja Bhandari, Assistant Manager - Program (Trainings)
Indian Institute of Public Health – Delhi, Public Health Foundation of India (PHFI)
Plot 47, Sector 44, Institutional Area
Near HUDA City Centre Metro Station
Gurgaon – 122002, Haryana, INDIA
Ph: +91 124 4722900 (Extn. No. 4110)