INDIAN INSTITUTE of PUBLIC HEALTH
ESTABLISHED BY PHFI
GANDHINAGAR | HYDERABAD | DELHI
BHUBANESWAR | SHILLONG | BENGALURU

Nomination/ Application form with required documents should be posted to:

Academics Team,
Public Health Foundation of India,
Plot No.47, Sector-44, (Opposite PF Office)
Institutional Area, Gurgaon-122002 (Haryana)
Phone: +91-124-4722900, +91-7042073761
Fax: +91-124-4722901
E-mail: acad@phfi.org, URL: www.phfi.org

INDIAN INSTITUTE OF PUBLIC HEALTH (IIPH) – DELHI NCR, GANDHINAGAR (Gujarat), BHUBANESWAR (Odisha) & HYDERABAD (Telangana)

Affix a passport size photograph here

NOMINATION / APPLICATION FORM
POST GRADUATE DIPLOMA IN
PUBLIC HEALTH MANAGEMENT (PGDPHM) 2021-22

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

NAME & SURNAME: _____

GENDER: M ☐ F ☐ AGE: _____ DATE OF BIRTH: _____ NATIONALITY: _____

Categories: SC ☐ ST ☐ OBC ☐ PHC/VHC/Hearing impaired ☐ General ☐

ACADEMIC BACKGROUND

Level of academic qualification	Degree	Board/University	College/Institution of Affiliation	Year of Passing	Final Percentage/Grade/Class
Class X	N/A				
Class XII	N/A				
Bachelors/Undergraduate Degree					
Masters/Post Graduate Degree or any other equivalent qualification					
Any additional Qualification/Training					

LIST OF RECENT ACADEMIC AWARDS/ACHIEVEMENTS: _____

_____

_____

WORK EXPERIENCE

Total work experience in years: _____

	Name of Organisation	Designation	Duration of Employment
Current			
Past			

DESCRIPTION OF PRESENT RESPONSIBILITY:

ENCLOSURES:

- Please enclose necessary copies of all academic statements
- Copy of CV
- Contact details of 3 referees (2 academic/1 professional)
- Statement of purpose (This needs to be a 250-500 word summary stating professional goals and career plans including plans and expectations in pursuing this Diploma Program)

**** THE LAST DATE FOR ACCEPTING APPLICATIONS IS 15TH AUGUST 2021.***

(PLEASE TICK ONE OF THE FOLLOWING):
For self-sponsored candidates. Please give your preference for the institute

☐ IIPH Delhi ☐ IIPH Gandhinagar ☐ IIPH Hyderabad ☐ IIPH Bhubaneswar

APPLICANT'S ADDRESS FOR COMMUNICATION: _____

_____

_____

CITY: _____

COUNTRY: _____

PINCODE: _____

PHONE (Residence): _____

FAX: _____

MOBILE: _____

EMAIL: _____

Date: _____ Signature _____

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or email to: **acad@phfi.org**