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

**NOMINATION / APPLICATION FORM**  
POST GRADUATE DIPLOMA IN PUBLIC HEALTH MANAGEMENT (PGDPHM) 2022-23  
(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

<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/Grade/Class</th>
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</thead>
<tbody>
<tr>
<td>Class X</td>
<td>N/A</td>
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<tr>
<td>Class XII</td>
<td>N/A</td>
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<td>Bachelors/Undergraduate Degree</td>
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<td>Masters/Post Graduate Degree or any other equivalent qualification</td>
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<td>Any additional Qualification/Training</td>
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**LIST OF RECENT ACADEMIC AWARDS/ACHIEVEMENTS:**


**WORK EXPERIENCE**

Total work experience in years:

<table>
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<tr>
<th>Name of Organisation</th>
<th>Designation</th>
<th>Duration of Employment</th>
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<tr>
<td>Current</td>
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<tr>
<td>Past</td>
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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 30th June, 2022.

(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 __________________________

Please post your application to: Academics Team, Public Health Foundation of India, Plot No.47, Sector-44, (Opposite PF Office) Institutional Area, Gurgaon-122002 (Haryana) or email to: acad@phfi.org