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>
</tr>
</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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<tr>
<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: ________________

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<tr>
<th>Name of Organisation</th>
<th>Designation</th>
<th>Duration of Employment</th>
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<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 November, 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: Programme Officer, Indian Institute of Public Health-Bhubaneswar, Plot No: 267/3408, Jaydev Vihar, Bhubaneswar-751013.

or email to: contact@iiphb.org