



**INDIAN
INSTITUTE
of PUBLIC
HEALTH**
ESTABLISHED BY PHFI

GANDHINAGAR | HYDERABAD | DELHI
BHUBANESWAR | SHILLONG | BENGALURU

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

Programme Officer,
IIPH-Bhubaneswar ,
Plot No.267/3408 , Jaydev Vihar , Mayfair
Lagoon Hotel Road Phone: +91-674-6655601,

E-mail: contact@iiphb.org, URL: www.phfi.org

**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)

Affix a passport
size photograph
here

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 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@iipbh.org