

# P & G Health Scholarship Application Form

2020-22

## Master of Public Health (MPH) program

### Candidate Details

Name .....

Surname .....

MPH students only  
(pls tick):

Female

Male

Age .....

DOB<sub>(DD/MM/YY)</sub>.....

Nationality: .....

Location of IIPH where the candidate has applied for MPH program (pls tick):

IIPH Delhi NCR

IIPH Gandhinagar

IIPH Hyderabad

IIPH Shillong

### Categories (pls tick):

SC

ST

OBC

PHC/VHC/Hearing General   
impaired

### Academic/Professional Details in Public Health

- **Academic background detailing specific achievements, if any**

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 .....  
 .....  
 .....

- **Academic background focussed on Public Health, if any:**

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 .....  
 .....  
 .....

- **Work experince related to Public Health, if any:**

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 .....  
 .....  
 .....

**Why you should be considered for P & G Health Scholarship ?**

(Please provide a paragraph approx. 200 worded statement of purpose indicating your need for scholarship, intended focus on Public Health in proposed course of study at IIPH; attach answer on a separate sheet)

**Scholarships availed**

Please fill the following section if you are receiving OR have received scholarship/financial assistance from any source at present (at the time of submission of the application)

Name of the source with full address	..... ..... .....
Scholarship amount/cover	..... .....
Scholarship/Financial Assistance to continue up to (month, year)	..... (MM/YY)

**Demonstrated Need**

The information provided by you below will help determine the need for support. Proof of income will be sought at a later date. Please fill details in the self declaration format for family income below.

**Self Declaration of Family Income**

I,..... applicant for the P & G Health Scholarship for MPH program (2019-21) at IIPH ..... hereby declare that annual Income of my household from all sources is Rs..... in words INR .....  
.....  
.....

If at any stage, it is found that the information given by me is false/not true, all benefits given to the student under the P & G Health Scholarship could be withdrawn and legal action as deemed fit, may be taken against me.

Date:  
Pla

Signature

Residential Address .....  
.....  
.....

**Application Guidelines**

1. P & G Health scholarship would only be offered to the Indian nationals
2. P & G Health scholarship would be offered to the applicants applying for on-campus (full time) MPH being offered by PHFI through the IIPHS.
3. A select Scholarship Committee will review applicant’s candidature for the said scholarship
4. Decision to call a candidate for interview or select a candidate for scholarship will be final and no representation in this regard will be entertained
5. Incomplete and unsigned/unsubstantiated application forms are liable to be rejected

**Enclosures**

The following documents should be securely attached to the Application Form:

1. A write-up on ‘Why you should be considered for P & G Health scholarship ?
2. Testimonials highlighting the achievements in academics
3. In case of SC/ST/OBC, an attested copy certifying applicants status issued by the Competent Authority
4. In case of PH C/VHC/hearing impaired, an attested copy of health certificate issued by a Competent Authority
5. For Self declaration of family income in the prescribed format.

Completed application form and all necessary enclosures be submitted at respective IIPHS by **15<sup>th</sup> December, 2020**. Eligible students who have already taken admission in MPH program at respective IIPHS, may submit the duly filled in scholarship application along with attachments to the Assistant Manager/ Program Officer at respective IIPHS.