



# Indian Institute of Public Health Gandhinagar

(A University formed under IIPHG Act, 2015 of Government of Gujarat State)

First Public Health University in India

## APPLICATION FORM FOR PROVISIONAL REGISTRATION FOR THE DEGREE OF DOCTOR OF PHILOSOPHY (Ph.D) (FULL TIME)-2022-23

(To be filled in CAPITAL letters)

### Applicant Personal Information:

Name as per degree: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: M ( ) F ( ) Marital Status: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

\_\_\_\_\_ District \_\_\_\_\_

Pin code: \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

Email: \_\_\_\_\_ Alternative Email \_\_\_\_\_

Mobile No.: \_\_\_\_\_ Home Landline No. \_\_\_\_\_

Nationality \_\_\_\_\_ Religion \_\_\_\_\_

Do you belong to SC/ST/OBC/PH? : Yes/ No

(If Yes, please specify category \_\_\_\_\_, please attach self-attested copy of the certificate)

Affix a Passport size  
photograph here

### Academic Background:

| Level of academic qualification                                    | Name of the degree | University/Board | Passing Year | Aggregate/ Percentage/ Rank |
|--|--------------------|------------------|--------------|-----------------------------|
| Class X  |                    |                  |              |                             |
| Class XII  |                    |                  |              |                             |
| Bachelors/ Undergraduate Degree                                    |                    |                  |              |                             |
| Master/ Post Graduate Degree or any other equivalent qualification |                    |                  |              |                             |
| Any additional Qualification/ Training                             |                    |                  |              |                             |

**Marks/ Grade Obtained in PG Programme:**

| Total Marks Obtained | Total Maximum Marks | Percentage of Marks | Class Obtained | CGPA | Overall Grade |
|----------------------|---------------------|---------------------|----------------|------|---------------|
|                      |                     |                     |                |      |               |

Whether the candidate has obtained M.Phil/Equivalent Degree?: YES / NO

**Work Experience:**

| Duration of Employment | Name of Organization | Designation | Roles/ Responsibilities |
|------------------------|----------------------|-------------|-------------------------|
| Current                |                      |             |                         |
| Past                   |                      |             |                         |

List of Recent Academic Awards/ Achievements (including Publications/ Presentations) & Extracurricular Activities: \_\_\_\_\_

**Faculty & Specialization:**

|   |               |
|---|---------------|
| Discipline/ Subject in which registration is sought | PUBLIC HEALTH |
| Broad topic Research                                |               |

**ENCLOSURES: (Please do not send any original certificates-they are to be produced only at the time of personal interview):**

- Application fee of Rs.1000/- (US20 for international & SAARC candidates) drawn on Indian Institute of Public Health Gandhinagar to be paid along with the application form. (send your payment Ref. No & Receipt No. on contact@iiphg.org)
- Necessary copies of all academic statements from class X onwards
- Copy of resume/ curriculum vitae
- Contact details of three referees: two academic + one professional (if some work experience)

**Payment options: (A/C Holder Name:** Indian Institute of Public Health Gandhinagar; **Bank Name:** HDFC, Bank Ltd.; Branch Name: Infocity, Gandhinagar, Gujarat, INDIA, **A/C No.:** 50100157403005, **IFSC Code:** HDFC0002497, **BIC/Swift Code:** HDFCINBBXXX) / demand draft / cheque payable at par at Ahmedabad.

**\* THE LAST DATE FOR ACCEPTING APPLICATIONS IS 2<sup>nd</sup> April 2023.**

**Signature of the Applicant**

**Place:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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

**Assistant Registrar Senior Scale (Academic)**

**INDIAN INSTITUTE OF PUBLIC HEALTH GANDHINAGAR**

University established under IIPHG Act 2015 of Gujarat State  
Opposite Air Force Head Quarters, Near Lekawada Bus stop,  
Gandhinagar-Chiloda Road, Lekawada, CRPF.P.O, Gandhinagar - 382042, Gujarat, INDIA  
**Phone No :079-66740700**; E-mail: [phd\\_admission@iiphg.org](mailto:phd_admission@iiphg.org), [contact@iiphg.org](mailto:contact@iiphg.org)  
URL: [www.iiphg.edu.in](http://www.iiphg.edu.in), [www.phfi.org](http://www.phfi.org)