**NOMINATION/ APPLICATION FORM**

**Integrated MSc & PhD in Clinical Research**
(August 2021 Session)

**Indian Institute of Public Health - Delhi**
(To be filled by the applicant/nominee in capital letters. Please tick in the appropriate boxes)

<table>
<thead>
<tr>
<th>First Name: ..................................</th>
<th>Last Name: ..................................</th>
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</thead>
<tbody>
<tr>
<td>Father’s/Husband’s Name: ....................</td>
<td>...........................................</td>
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</table>

Gender: Male □ Female □ Others □

Age: ................ Date of Birth: ................

Nationality: ........................................

Category: SC □ ST □ OBC □ PH □ GENERAL □

Applicant Status: Self-sponsored □ Nominated □

If nominated, please give details of nominating organization/dept.: ..........................................................

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**ACADEMIC BACKGROUND**

<table>
<thead>
<tr>
<th>Level of qualification</th>
<th>Name of the Degree</th>
<th>Stream / Subjects</th>
<th>Board/University</th>
<th>College/Institution of Affiliation</th>
<th>Year of passing</th>
<th>Aggregate Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class X</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
<td></td>
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<tr>
<td>Class XII</td>
<td>N/A</td>
<td></td>
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<tr>
<td>Bachelors/Undergraduate Degree</td>
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<tr>
<td>Post graduate/Master’s or any other relevant qualification</td>
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<td>Any other qualification / Training</td>
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**LIST OF RECENT ACADEMIC AWARDS/ ACHIEVEMENTS (if any):**

........................................................................................................................................................................
........................................................................................................................................................................
WORK EXPERIENCE

Total work experience in years: ..........................

<table>
<thead>
<tr>
<th>Name of the Organization</th>
<th>Designation</th>
<th>Duration of Employment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current</td>
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<tr>
<td>Past</td>
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</tbody>
</table>

ENCLOSURES:

i. Transcripts of Class X and Class XII
ii. Degree certificates and marks sheets of Bachelor/ Under Graduate degree and any other relevant qualifications
iii. Latest Curriculum Vitae/ Resume
iv. Contact details of 2 referees (academic/professional)
v. Caste Certificate (SC/ST/OBC/PH/EWS for General Category)
vi. Statement of Purpose (This needs to be a 250 - 300 word summary stating professional goals and career plans including plans and expectations in pursuing this program)

_Last date for accepting applications is 31st May 2021_

APPLICANT’S ADDRESS FOR COMMUNICATION:

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

City:
State:
Country:
Pin code:
Phone (Residence): Mobile:
Fax: Email:

Date: ........................................................ Signature: ..........................................................

Please post your completed application to:

Senior Program Officer – Academic Programs
Public Health Foundation of India (PHFI)
Plot No. 47, Sector-44, Institutional Area, Gurgaon-122003
Tel.: 0124- 4722900, +91-7042073761, Fax No. 0124- 4722901
E-mail: acad@phfi.org