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) - 2024-25

(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)

Academic Background:

<table>
<thead>
<tr>
<th>Level of academic qualification</th>
<th>Name of the degree</th>
<th>University/Board</th>
<th>Passing Year</th>
<th>Aggregate/ Percentage/ Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Class XII</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Bachelors/ Undergraduate Degree</td>
<td></td>
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<tr>
<td>Master/ Post Graduate Degree or any other equivalent qualification</td>
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<tr>
<td>Any additional Qualification/ Training</td>
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</tr>
</tbody>
</table>
Marks/ Grade Obtained in PG Programme:

<table>
<thead>
<tr>
<th>Total Marks Obtained</th>
<th>Total Maximum Marks</th>
<th>Percentage of Marks</th>
<th>Class Obtained</th>
<th>CGPA</th>
<th>Overall Grade</th>
</tr>
</thead>
</table>

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

Work Experience:

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

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

Faculty & Specialization:

<table>
<thead>
<tr>
<th>Discipline/ Subject in which registration is sought</th>
<th>Broad topic Research</th>
<th>Category of PhD Research</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Full time</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Part time</td>
</tr>
</tbody>
</table>

- PUBLIC HEALTH
- HOSPITAL ADMINISTRATION

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/- (US$20 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)
- NOC from Employer (If Selected part-time category)
- Applications are accepted in both online and offline modes.


* THE LAST DATE FOR ACCEPTING APPLICATIONS IS 31st March 2024.

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
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Gandhinagar-Chiloda Road, Lekawada, CRPF.P.O, Gandhinagar - 382042, Gujarat, INDIA
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