



APPLICATION FORM

Master of Public Health (MPH)
(2024-2026)

Indian Institute of Public Health - Bhubaneswar
(in affiliation with Utkal University)

(Last date of Submitting application: 30th August,2024)
(To be filled by the applicant/nominee in capital letters. Please tick in the appropriate boxes)

First Name:

Last Name / Family Name:

Father's/Husband's Name:

Affix a passport
size photograph
here

Gender: Male Female Others

Date of Birth:..... (DD/MM/YYYY format)

Nationality:

Category: SC ST OBC PWD EWS General

Applicant status: Self-sponsored Nominated

(If nominated, please give details about the nominating organization / institution / department)

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ACADEMIC BACKGROUND

Qualification	Name of degree	Subjects /Stream	Name of Board/University	Year of passing	Aggregate percentage
Class X	N/A	N/A			
Class XII	N/A				
Bachelors/ Undergraduate Degree					
Post graduate/ Master's or any other relevant qualification					

LIST OF RECENT ACADEMIC AWARDS/ ACHIEVEMENTS (if any):

.....
.....

WORK EXPERIENCE:

Total work experience in completed years-----

(Start with the most recent one)

Name of the organization	Designation	Duration of employment

ENCLOSURES:

- i. Marksheets 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 / PWD / EWS for General Category)
- vi. Statement of Purpose (A summary of stating professional goals and career plans including plans and expectations in pursuing this program in 300 words)

Applicant's Address for Communication

Name of Applicant:

City:

State:

Country:

Pin code:

Phone (Residence):

Mobile:

Email:

Date:

Signature:

Filled-in application form with all requisite enclosures may be posted / couriered to:

Program Officer, Public Health Foundation of India (PHFI)
Indian Institute of Public Health, Bhubaneswar
Plot No. 267/3408, Mayfair Lagoon Road, Jayadev Vihar, Bhubaneswar, 751013
Tel.:- 0674 -3542301, 6370170040, 9668428051,
(or)

Filled-in application form with all requisite enclosures may be scanned and emailed to:

E-mail: contact@iiphb.org