

INDIAN INSTITUTES OF PUBLIC HEALTH (IIPHs) - DELHI NCR, GANDHINAGAR (Gujarat), BHUBANESWAR (Odisha) & HYDERABAD (Telangana)

NOMINATION / APPLICATION FORM **POST GRADUATE DIPLOMA IN** PUBLIC HEALTH MANAGEMENT (PGDPHM) 2024-25

Past

Affix a passport-
size photograph
here

(To be filled in by the nominee / applicant in capital letters)								
NAME & SURNAME:								
	GENDER: M ☐ F ☐ AGE: DATE OF BIRTH:NATIONALITY:							
	Categories: S	SC□ ST□	OBC P	HC/VHC/Hearing imp	aired]General □		
	ACADEMIC	BACKGI	ROUND					
Level of academic qualification			Degree	Board/University	College of Affil	e/Institution iation	Year of Passing	Final Percentage/Grade/Class
Clas	s X		N/A					
Class XII			N/A					
Bachelors/Undergraduate Degree		raduate						
Masters/Post Graduate Degree or any other equivalent qualification								
Any additional Qualification/Training								
	LIST OF RE	ECENT AC	CADEMIC AV	VARDS/ACHIEVEN	MENTS:			
	WORK EXF		_					
	Name of Organization			Designation		Duration of Employment		
	Current							

DESCRIPTION OF PRESENT RESPONSIBILITY:
ENCLOSURES:
Please enclose necessary copies of all academic statements
Copy of CV
Contact details of 3 referees (2 academic/1 professional)
 Statement of purpose (This needs to be a 250-500 word summary stating professional goals and career plans including plans and expectations in pursuing this Diploma Program)
* THE LAST DATE FOR ACCEPTING APPLICATIONS IS 31st October, 2024.
(PLEASE TICK ONE OF THE FOLLOWING):
For self-sponsored candidates. Please give your preference for the institute
☐ IIPH Delhi ☐ IIPH Gandhinagar ☐ IIPH Hyderabad ☐ IIPH Bhubaneswar
APPLICANT'S ADDRESS
FOR COMMUNICATION:
CITY:
COUNTRY:
PINCODE:
PHONE (Residence):
FAX:
MOBILE:
EMAIL:
Date:Signature

Indian Institutes of Public Health (IIPHs)

Delhi

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