



INDIAN
INSTITUTE OF
PUBLIC HEALTH
GANDHINAGAR

INDIAN INSTITUTE OF PUBLIC HEALTH GANDHINAGAR
(A University established under IIPHG Act, 2015 of Government of Gujarat State)

ASSOCIATE FELLOW OF INDUSTRIAL HEALTH
Application Form

(To be filled by the applicant in capital letters)
(2018)

Paste your recent colored
passport size photograph
(within the box only)

1. Full Name: _____ 2. Sex: M/F

3. Date of birth: (DD/MM/YY): ___/___/___ 4. Age in years: _____

5. Sponsored by employer: Yes / No

6. Designation : _____

7. Employer's Address : _____

8. Email id for correspondence : _____

8a. Alternate email, if any : _____

9. Date of completion of internship: _____

10. Academic background : (MBBS, P.G. Degree/diploma etc.)

Examination (Mention the stream)	Name of the Institution	Year of passing & Date of	% of Marks	MCI/State Medical Council Registration
M.B.B.S.				
MS				
MD				
Others				

11. Do you belong to SC/ST/OBC/PH? : Yes/ No
(If Yes, Please specify category _____, please attach self-attested copy of the certificate)

12. Whether 'No Objection Certificate' enclosed? Yes/No
(If employed)

13. Whether 'Sponsorship certificate enclosed? Yes/No
(If employed)

14. Experience (Attach certificate(s) from the employer)

Name & Address of Employer	Post Held	Period & duration of experience

Total experience after completion of Internship: _____

15. Proficiency in English: Excellent Good enough Need help

16. Proficiency in use of computers: Excellent Good enough Need help

17. Address for Communication: _____

City & PIN code: _____

Phone (Residence): _____ **Mobile:** _____

18. Hostel Accommodation Required? : **Yes / No**
(Subject to availability)

I hereby solemnly certify that the information given above is true and correct.

Date: _____

Candidate's Signature: _____

Place: _____

INSTRUCTIONS FOR CANDIDATES

1. **Last date of accepting application: 5th March 2018. However, candidates are encouraged to apply early as short listing process starts immediately on receipt of application.**
2. **List of enclosures:**
 - a. Application fee of Rs.500/- 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)
 - b. Self-attested photo copy of MBBS degree (Convocation Certificate).
 - c. Self-attested photo copy of Internship Certificate issued by the medical college (not University).
 - d. Self-attested photo copy of MCI/State Medical Council Registration Certificate.
 - e. Self-attested photo copy of SC/ST/OBC/PH Certificate issued by the competent authority, if applicable.
 - f. Self-attested photo copy of Experience Certificate.
 - g. Sponsorship Certificate/No Objection Certificate in original, if employed.
3. **Payment options: (A/C Holder Name:** Indian Institute of Public Health Gandhinagar; **Bank Name:** HDFC, Bank Ltd.; Branch Name: Astral Towers, Opp. Reliance General Insurance, Nr. Mithakhali Six Road, Navarangpura, Ahmedabad-380009, Gujarat, INDIA, **A/C No.:** 50100157403005, **IFSC Code:** HDFC0000006, **BIC/Swift Code:** HDFCINBBAHM, **MICR Code:** 380240002) / demand draft / cheque payable at par at Ahmedabad.
4. Those Candidates who have passed from outside India Should also submit MCI certificate of qualification and mark sheet.
5. **Filled application with all enclosures to be sent to:** AR (Academic Programs), Indian Institute of Public Health Gandhinagar, Opposite Air Force Head Quarters, Near Lekawada Bus Stop, Gandhinagar-Chiloda Road, Lekawada, CRPF.P.O., Gandhinagar - 382042, Gujarat, India **OR By e-mail** with scanned copies of documents to: afih@iiphg.org, contact@iiphg.org or vpanchdhane@iiphg.org
6. **For further clarification:** Contact Dr. Vijay Panchdhane on 09428826577 or visit www.iiphg.edu.in, www.phfi.org

SHORTLISTED CANDIDATES WILL BE INFORMED ABOUT INTERVIEW & PAYMENT OF FEES

FOR OFFICE USE ONLY

APPLICATION NUMBER	
CANDIDATE ID	
DATE OF INTERVIEW	
MERIT SCORE	
DATE OF ENROLMENT	
AUTHORIZED SIGNATORY	
SIGNATURE AND SEAL	