



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

First Public Health University in India

**NOMINATION / APPLICATION FORM**  
**MASTER OF HOSPITAL ADMINISTRATION**  
**2018-20**

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: \_\_\_\_\_

**ACADEMIC BACKGROUND**

Level of academic qualification	Name of the Degree	Subject/ Stream	Board/University	College/Institution of Affiliation	Year of Passing	Final Percentage/ Grade/class
Class X	N/A					
Class XII	N/A					
Bachelors/Undergraduate Degree						
Masters/Post Graduate Degree or any other equivalent qualification						
Any additional Qualification/Training						

**PG ENTRANCE**

Have you given any PG entrance exam? Yes  No

- If answered yes to previous question
  - Full name of entrance exam \_\_\_\_\_
  - Year of appearance in exam \_\_\_\_\_
  - State (if specific to any state) \_\_\_\_\_
  - Score (percentage/percentile) \_\_\_\_\_

**WORK EXPERIENCE\*** (Internship not to be counted in experience)

Total work experience in years: \_\_\_\_\_

Duration of Employment	Name of Organization	Designation	Roles/Responsibilities
<b>Current</b>			
<b>Past</b>			

\*To be submitted by relevant certificate clearly mentioning the duration of work.

**LIST OF RECENT ACADEMIC AWARDS/ ACHIEVEMENTS (Including publications/ presentation)**

**EXTRA CURRICULAR ACTIVITIES**

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

**ENCLOSURES: (Please do not send any original certificates-they are to be produced only at the time of personal interview):**

- Application fee of Rs.500/- (US\$8 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 and PG entrance exam results
- Copy of resume/ curriculum vitae
- Contact details of three referees: two academic + one professional (if some work experience)
- **Statement of purpose** (This needs to be a 250-500-word summary, written completely by the candidate, stating professional goals and career plans, including plans and expectations in pursuing MHA Programme)

**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.

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**\* THE LAST DATE FOR ACCEPTING APPLICATIONS IS 31<sup>st</sup> May 2018.**

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**Source of information about MHA Course in IIPHG: \_\_\_\_\_**

**APPLICANT'S ADDRESS**

**FOR COMMUNICATION: \_\_\_\_\_**

CITY: \_\_\_\_\_

COUNTRY: \_\_\_\_\_

PINCODE: \_\_\_\_\_

PHONE (Residence): \_\_\_\_\_

FAX: \_\_\_\_\_

MOBILE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Date: \_\_\_\_\_

Signature \_\_\_\_\_

*Nomination / Application form with required documents should be posted to:*

**Assistant Registrar (Academic Programs)**

**INDIAN INSTITUTE OF PUBLIC HEALTH GANDHINAGAR**

University established under IIPHG Act 2015 of Gujarat State  
Opposite Air Force Head Quarters, Near Lekawada Bus stop,  
Gandhiangar-Chiloda Road, Lekawada, CRPF.P.O, Gandhinagar - 382042, Gujarat, INDIA  
**Phone No :079-66740700; E-mail: [mha\\_admission@iiphg.org](mailto:mha_admission@iiphg.org), [contact@iiphg.org](mailto:contact@iiphg.org)**  
**URL: [www.iiphg.edu.in](http://www.iiphg.edu.in), [www.phfi.org](http://www.phfi.org),**