



INDIAN
INSTITUTE OF
PUBLIC HEALTH
GANDHINAGAR

Short Course on Project Management in Public Health 31st July – 3rd August 2017

Application Form

(To be filled by the applicant in capital letters)

Name (as required in Certificate): _____

Age _____ Gender: Male / Female

Address for communication: _____

Tel. No.: _____ Fax No. _____ E-mail: _____

Education: Highest degree: _____ Discipline: _____

Present position: _____

Name & location of the organization: _____

Relevant Experience: _____

Whether Accommodation Required: Yes / No

Details of Demand Draft / Cheque:

Amount: _____ Date: _____ DD/Cheque Number: _____

Drawn in Favour of: _____ Payable at: _____

Details for on line payment:

A/C Holder Name: Indian Institute of Public Health Gandhinagar	Bank Name: HDFC, Bank Ltd. Branch Name: S.G.Highway Bodakdav, Ahmedabad A/C No.: 03061110000028 IFSC Code: HDFC0000306 BIC/Swift Code: HDFCINBBXXX
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