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**Indian Institute of Public Health Gandhinagar**

(A University formed under IIPHG Act, 2015 of Government of Gujarat State)

**First Public Health University in India**

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**APPLICATION FORM FOR PROVISIONAL REGISTRATION FOR THE DEGREEE OF DOCTOR OF PHILOSOPHY (Ph.D)**

**(FULL TIME)**

 **(To be filled in CAPITAL letters)**

Affix a Passport size photograph here

**Applicant Personal Information:**

Name as per degree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: M ( ) F ( ) Marital Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permanent Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_District \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pin code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternative Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Landline No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nationality \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Religion \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you belong to SC/ST/OBC/PH? : Yes/ No

(If Yes, please specify category \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, please attach self-attested copy of the certificate)

**Academic Background:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Level of academic qualification** | **Name of the degree** | **University/Board** | **Passing Year** | **Aggregate/ Percentage/ Rank** |
| Class X |  |  |  |  |
| Class XII |  |  |  |  |
| Bachelors/ Undergraduate Degree |  |  |  |  |
| Master/ Post Graduate Degree or any other equivalent qualification |  |  |  |  |
| Any additional Qualification/ Training |  |  |  |  |

**Marks/ Grade Obtained in PG Programe:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Total Marks Obtained** | **Total Maximum Marks** | **Percentage of Marks** | **Class Obtained** | **CGPA** | **Overall Grade** |
|  |  |  |  |  |  |

Whether the candidate has obtained M.Phil/Equivalent Degree?: YES / NO

**Work Experience:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Duration of Employment** | **Name of Organization** | **Designation** | **Roles/ Responsibilities** |
| Current |  |  |  |
| Past |  |  |  |

**List of Recent Academic Awards/ Achievements (including Publications/ Presentations) & Extracurricular Activities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Faculty & Specialization:**

|  |  |
| --- | --- |
| **Discipline/ Subject in which registration is sought** | **PUBLIC HEALTH**  |
| **Broad topic Research**  |  |

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

* Application fee of Rs.1000/- (US20 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
* Copy of resume/ curriculum vitae
* Contact details of three referees: two academic + one professional (if some work experience)

**Payment options:** (**A/C Holder Name:** Indian Institute of Public Health Gandhinagar; **Bank Name:** HDFC, Bank Ltd.; Branch Name: Infocity, Gandhinagar, Gujarat, INDIA, **A/C No**.: 50100157403005, **IFSC Code**: HDFC0002497, **BIC/Swift Code**: HDFCINBBXXX) / demand draft / cheque payable at par at Ahmedabad.

*\** ***THE LAST DATE FOR ACCEPTING APPLICATIONS IS 25th December 2019.***

|  |  |
| --- | --- |
|  | **Signature of the Applicant** |

**Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

*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,

Gandhinagar-Chiloda Road, Lekawada, CRPF.P.O, Gandhinagar - 382042, Gujarat, INDIA

**Phone No   :079-66740700;** E-mail: phd\_admission@iiphg.org, contact@iiphg.org

URL: [www.iiphg.edu.in](http://www.iiphg.edu.in), [www.phfi.org](http://www.phfi.org)