



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

2020-22

(To be filled in by the nominee / applicant in capital letters)

Affix a passport
Size photograph

here

NAME & SURNAME: _____

GENDER: M F AGE: _____

DATE OF BIRTH: _____ NATIONALITY: _____

ACADEMIC BACKGROUND

Level of academic qualification	Name of the Degree	Subject/ Stream	Board/Univ ersity	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
Current			
Past			

*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\$10 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: 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 10th September 2020.**

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,
Gandhinagar-Chiloda Road, Lekawada, CRPF.P.O, Gandhinagar - 382042, Gujarat, INDIA
Phone No :079-66740700; E-mail: mha_admission@iiphg.org, contact@iiphg.org
URL: www.iiphg.edu.in, www.phfi.org,