

Past

## Nomination/ Application form with required documents should be posted to: Senior Program Officer,

(Academic Programs)
Public Health Foundation of India,
Plot No.47, Sector-44, (Opposite PF Office)
Institutional Area, Gurgaon-122002 (Haryana)
Phone: +91-124-4722900, +91-7042073761

Fax: +91-124-4722901

E-mail: acad@phfi.org, URL: www.phfi.org

## INDIAN INSTITUTE OF PUBLIC HEALTH (IIPH) – DELHI NCR, GANDHINAGAR (Gujarat), BHUBANESWAR (Odisha) & HYDERABAD (Telangana)

## NOMINATION / APPLICATION FORM POST GRADUATE DIPLOMA IN PUBLIC HEALTH MANAGEMENT (PGDPHM) 2020-21

Affix a passport
size photograph
here

(To be	illed in by the n	ominee / applicant in	capital letters)			
NAME & SURNAME: _						
GENDER: M □ F □	AGE:	DATE OF BIRT	TH: NAT	IONALITY: _		
Categories: SC ☐ ST	□ OBC□ P	HC/VHC/Hearing imp	aired  General			
ACADEMIC BACKGROUND						
Level of academic qualification	Degree	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						
LIST OF RECENT ACADEMIC AWARDS/ACHIEVEMENTS:						
WORK EXPERIENCE Total work experience						
	Name of Organisation		Designa	ation	Duration of Employment	
Current						

DESCRIPTION OF PRESENT RESPO	NSIBILITY:
ENCLOSURES:	
<ul> <li>Please enclose necessary copies of all ac</li> <li>Copy of CV</li> <li>Contact details of 3 referees (2 academic</li> <li>Statement of purpose (This needs to be a career plans including plans and expecta</li> </ul>	/1 professional) a 250-500 word summary stating professional goals and
* THE LAST DATE FOR ACCEPTING	G APPLICATIONS IS 31 <sup>st</sup> August, 2020.
(PLEASE TICK ONE OF THE FOLLOWING For self-sponsored candidates. Please give	s): your preference for the institute
CITY:	
COUNTRY:	
PINCODE:	
PHONE (Residence):	
FAX:	
EWAIL:	
Date:	Signature