



# INDIAN INSTITUTES OF PUBLIC HEALTH

**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](mailto:acad@phfi.org), URL: [www.phfi.org](http://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**  
 (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: \_\_\_\_\_

Categories: SC  ST  OBC  PHC/VHC/Hearing impaired  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 in years: \_\_\_\_\_

	Name of Organisation	Designation	Duration of Employment
Current			
Past			

**DESCRIPTION OF PRESENT RESPONSIBILITY:**


**ENCLOSURES:**

- Please enclose necessary copies of all academic statements
- Copy of CV
- Contact details of 3 referees (2 academic/1 professional)
- Statement of purpose (This needs to be a 250-500 word summary stating professional goals and career plans including plans and expectations in pursuing this Diploma Program)

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**\* THE LAST DATE FOR ACCEPTING APPLICATIONS IS 31<sup>st</sup> May, 2020.**

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(PLEASE TICK ONE OF THE FOLLOWING):

For self-sponsored candidates. Please give your preference for the institute

IIPH Delhi       IIPH Gandhinagar       IIPH Hyderabad       IIPH Bhubaneswar

**APPLICANT'S ADDRESS  
FOR COMMUNICATION:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

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

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

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

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

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

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

Signature \_\_\_\_\_

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