



INDIAN
INSTITUTE OF
PUBLIC HEALTH
GANDHINAGAR

Indian Institute of Public Health Gandhinagar

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

First Public Health University in India

APPLICATION FORM FOR PROVISIONAL REGISTRATION FOR THE DEGREE OF DOCTOR OF PHILOSOPHY (Ph.D) (FULL TIME)-2020-21

(To be filled in CAPITAL letters)

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 Programme:

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 20th November 2020.**

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
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