

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 ADMISSION TO THE DOCTOR OF PHILOSOPHY (Ph.D) PROGRAMME- 2024-25

(To be filled in CAPITAL letters)

<u>Applicant Personal Information</u>	<u>011:</u>					
Name as per degree:			_			
Father's Name:		Affix a Passport size photograph here				
Age: Date						
Gender: M() F() Other()	Marital Status:					
Permanent Address:						
			_District			
Pin code: Sta	ate	Country				
Email:	Alte	rnate Email				
Mobile No.:		Alternate No				
Nationality		-				
Do you belong to SC/ST/OBC/Diff	erently abled/Eco	onomically weaker sect	tions?	: Yes/No		
(If Yes, please specify category]	please attach self-attest	ted copy of t	he certificate)		
Academic Background:						
Level of academic qualification	Name of the degree	University/Board	Passing Year	Aggregate/ Percentage/ Rank		
Class XII	3			3 /		
Bachelors/ Undergraduate Degree						
Master/ Post Graduate Degree or any other equivalent qualification						

Any additional Qualification/

Training

Total Marks Obtained	Total Maximum Marks	Perce of M		Class Obtained	CGPA	4	Overall Grade	
Whether the can	didate has obtaine	ed M.Phi	l/Equiv	 alent Degree?:	YES / NO)		
Work Experien	ce:							
Duration of Employmen	f Name o		Des	ignation	Duration (Months)	Re	Roles/ sponsibilities	
Current								
Past								
Faculty & Spec	cialization:			r l n	uhlia Uaalth			
Discipline in which admission is sought				[] Public Health [] Hospital Administration				
Applying for fellowship for PhD scholars admitted to PhD Programme in 2024-25 (Only for Full time PhD scholars)				[] Public Health [] Hospital Administration				
Category of PhD Research				[] Full time [] Part time				
Broad topic Research								
ENCLOSURES: (P	lease do not send a	any origi	nal cert	ificates-they ar	re to be produ	uced o	nly at the time o	
of Public No & Rec • Necessar	on fee of Rs.1000/- (Health Gandhinaga eipt No. on contact y copies of all acade esume/curriculum v	r to be p @iiphg.c emic stat	aid alon org)	g with the app	lication form.			

- Contact details of three referees: two academic + one professional (if some work experience)
- NOC from Employer (If Selected part-time category)

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 AP	PLICATIONS IS 10" April 2024.
	Signature of the Applicant
Place:	
Date:	

Nomination / Application form with required documents should be posted to:

Assistant Registrar Senior Scale (Academic) 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
Doctoral Studies Cell: 079-66740730; 079-66740763 Website: www.iiphg.edu.in