



# Indian Institute of Public Health Gandhinagar

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

## APPLICATION FORM FOR ADMISSION TO THE INTEGRATED MPH (BSc-MPH) & MHA (BSc-MHA) PROGRAMME- 2026-27

(To be filled in CAPITAL letters)

**Course Interested:**

Integrated BSc-MPH  Integrated BSc-MHA

Affix a passport size photograph here

**Applicant Personal Information:**

Name as per 10<sup>th</sup> Certificate: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: M ( ) F ( ) Other ( ) Marital Status: \_\_\_\_\_

Email: \_\_\_\_\_ Alternate Email \_\_\_\_\_

Mobile No.: \_\_\_\_\_ Alternate No. \_\_\_\_\_

Aadhar Card ID: \_\_\_\_\_ ABC ID: \_\_\_\_\_ Nationality \_\_\_\_\_

Do you belong to SC/ST/OBC/Differently abled/Economically weaker sections? : Yes/ No

(If Yes, please specify category \_\_\_\_\_, please attach self-attested copy of the certificate)

Father's Name: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Email Id: \_\_\_\_\_ Aadhar Card ID N: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Email Id: \_\_\_\_\_ Aadhar Card ID N: \_\_\_\_\_

Current Address: \_\_\_\_\_

\_\_\_\_\_ District \_\_\_\_\_

Pin code: \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_.

Permanent Address: \_\_\_\_\_

\_\_\_\_\_ District \_\_\_\_\_

Pin code: \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_.

**Academic Background:**

School/Institute Name	Board	Year of passing	Marking Scheme	Obtained Percentage
Class X				
Class XI				
Class XII				
Any additional Qualification/ Training				

**List of Recent Academic Awards/ Achievements & Extracurricular Activities/Sports: \_\_\_\_\_**

**ENCLOSURES:** (Please do not send any original certificates-they are to be produced only at the time of admission):

- Application fee of Rs.1000/- (US\$20 for Foreign/ Non-Resident Indian scholars) drawn on Indian Institute of Public Health Gandhinagar to be paid along with the application form. (Send your payment Ref. No & Receipt No. on [admission@iiphg.org](mailto:admission@iiphg.org))
- Documents to be submitted: 10<sup>th</sup> Leaving/Transfer certificate & marksheets/ 12<sup>th</sup> Leaving /Transfer Certificate & Marksheets/ Caste certificate/ Address Proof (Electric Bill), Aadhar Card, ABC Card, Domicile certificate, Migration.

**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.

**Declaration:**

I hereby declare that the information provided by me in this application form is true, complete, and correct to the best of my knowledge and belief. I understand that if any information furnished by me is found to be false, incorrect, or misleading at any stage, my application/admission is liable to be cancelled.

I also affirm that I have read and understood the eligibility criteria, rules, and regulations of the institution, and I agree to abide by them throughout the duration of the programme.

I undertake to submit all required documents & Marksheets in original for verification as and when required by the institution.

**Date:** \_\_\_\_\_**Place:** \_\_\_\_\_**Signature of Parents:** \_\_\_\_\_ **Signature of the Applicant:** \_\_\_\_\_

*Application form with required documents should be posted to:*

**The Registrar**  
**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: [admission@iiphg.org](mailto:admission@iiphg.org)  
**Admission Cell:** 079-66740730; 079-66740763 **Website:** [www.iiphg.edu.in](http://www.iiphg.edu.in)