## NOMINATION / APPLICATION FORM

**POST GRADUATE DIPLOMA IN PUBLIC HEALTH MANAGEMENT (PGDPHM) 2020-21**

(To be filled in by the nominee/applicant in capital letters)

### NAME & SURNAME:

### GENDER: M □ F □ AGE: _______ DATE OF BIRTH: _______ NATIONALITY: _______

### Categories:

- SC □ ST □ OBC □ PHC/VHC/Hearing impaired □ General □

### ACADEMIC BACKGROUND

<table>
<thead>
<tr>
<th>Level of academic qualification</th>
<th>Degree</th>
<th>Board/University</th>
<th>College/Institution of Affiliation</th>
<th>Year of Passing</th>
<th>Final Percentage/Grade/Class</th>
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<tbody>
<tr>
<td>Class X</td>
<td>N/A</td>
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<tr>
<td>Class XII</td>
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<tr>
<td>Bachelors/Undergraduate Degree</td>
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<td>Masters/Post Graduate Degree or any other equivalent qualification</td>
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<td>Any additional Qualification/Training</td>
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### LIST OF RECENT ACADEMIC AWARDS/ACHIEVEMENTS:

_________________________ ___________________________________________________________

### WORK EXPERIENCE

Total work experience in years: _______________________________________________________

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<tr>
<th></th>
<th>Name of Organisation</th>
<th>Designation</th>
<th>Duration of Employment</th>
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<td>Current</td>
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<tr>
<td>Past</td>
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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)

* THE LAST DATE FOR ACCEPTING APPLICATIONS IS *

(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 ___________________________