



**PUBLIC  
HEALTH  
FOUNDATION  
OF INDIA**



**NOMINATION/APPLICATION FORM**

**Integrated MSc & PhD in Clinical Research**

**Indian Institute of Public Health - Delhi**

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

**First Name:**

**Last Name:**

**Gender:** M      F

**Age:**              **Date of Birth:**

**Nationality:**

**Applicant Status:** Self-sponsored              Nominated

If nominated, please give details:

Affix a passport size photograph here

**ACADEMIC BACKGROUND**

Level of qualification	Degree	University	College/ Institution of Affiliation	Year of passing	Final Percentage/ Grade/Class
Bachelors/ Undergraduate Degree					
Post graduate/ Master's or any other relevant qualification					
Any other qualification / Training					

**LIST OF RECENT ACADEMIC AWARDS/ ACHIEVEMENTS (if any):**

**WORK EXPERIENCE**

Total work experience in years \_\_\_\_\_

	Name of the Organization	Designation	Duration of Employment
Current			
Past			

If shortlisted, your preference for interview: Telephonic                      Face to face

**ENCLOSURES:**

- Transcripts of Class X and Class XII
- Degree certificates and marks sheets of Bachelor/ Under Graduate degree and any other relevant qualifications
- Latest Curriculum Vitae/ Resume
- Contact details of 3 referees
- **Statement of Purpose** (This needs to a 250- 300 word summary stating professional goals and career plans including plans and expectations in pursuing this program)

**Last date for accepting applications is 30th June 2013**

**APPLICANT'S ADDRESS FOR COMMUNICATION:**

**City:**

**State:**

**Country:**

**Pin code:**

**Phone (Residence):**

**Mobile:**

**Fax:**

**Email:**

**Date:**

**Signature:**

**Please post your completed application to:**

**Senior Programme Officer**

Indian Institute of Public Health – Delhi  
Plot No 34, Sector 44, Institutional Area  
Gurgaon – 122002, Haryana. India  
Phone: 0124 4722900 Fax: 0124 4722901