



**PUBLIC
HEALTH
FOUNDATION
OF INDIA**



NOMINATION/APPLICATION FORM

Integrated MSc & PhD in Health Informatics

Indian Institute of Public Health - Hyderabad

(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:

The Director

Indian Institute of Public Health – Hyderabad
Plot # 1, A N V Arcade, Amar Co-operative Society
Kavuri Hills, Madhapur
Hyderabad- 500033
Phone No. 040-49006000, Fax No. 040-49006060