



**PUBLIC
HEALTH
FOUNDATION
OF INDIA**

Working Towards a Healthier India

**Nomination/ Application form with
CV and statement of purpose should be
forwarded by post to:**

Manager, Academic Programmes, Public
Health Foundation of India(PHFI), PHD House,
Siri Fort Institutional Area, August Kranti Marg,
New Delhi – 110016.

INDIAN INSTITUTE OF PUBLIC HEALTH – DELHI

NOMINATION / APPLICATION FORM POST GRADUATE DIPLOMA IN HEALTH ECONOMICS, HEALTH CARE FINANCING AND HEALTH POLICY

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

NAME & SURNAME : _____

GENDER : M F AGE : _____ DATE OF BIRTH : _____ PLACE OF BIRTH : _____

NATIONALITY : _____ PASSPORT NUMBER: _____ MARITAL STATUS: _____

ACADEMIC BACKGROUND

Level of academic qualification	Board/College/University/ Institution of Affiliation	Year of Passing	Final Percentage/ Grade/Class	Any other Comments
Class X				
Class XII				
Bachelors / Undergraduate Degree				
Masters / Post Graduate Degree or any other equivalent qualification				
Any Additional Qualification / Training				

LIST OF RECENT ACADEMIC AWARDS/ACHIEVEMENTS: _____

WORK EXPERIENCE

	Name of Organisation	Designation	Duration of Employment
Current			
Past			

DESCRIPTION OF PRESENT RESPONSIBILITY :

ARE YOU INTERESTED IN APPLYING FOR THE MEASURE EVALUATION FELLOWSHIP?

YES NO

ENCLOSURES :

- Please enclose necessary copies of all academic statements
- Copy of CV
- 3 references (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 Programme)

**** THE LAST DATE FOR ACCEPTING APPLICATIONS IS 15TH JULY, 2010.***

**APPLICANT'S ADDRESS
FOR COMMUNICATION:** _____

COUNTRY : _____

CITY : _____

PINCODE : _____

PHONE (Residence) : _____

FAX : _____

MOBILE : _____

EMAIL : _____

Date : _____

Signature _____