

Nomination/ Application form with required documents should be posted to:

Programme Officer,

IIPH-Bhubaneswar , Plot No.267/3408 , Jaydev Vihar ,Mayfair Lagoon Hotel Road Phone: +91-674-3542301,

E-mail: contact@iiphb.org, URL: www.phfi.org

...a.. contact@npmoreg, crt=i introprime.g

INDIAN INSTITUTE OF PUBLIC HEALTH – BHUBANESWAR (Odisha)

NOMINATION / APPLICATION FORM POST GRADUATE DIPLOMA IN PUBLIC HEALTH MANAGEMENT (PGDPHM) 2025-26

Affix a passport size photograph here

		IANAGEMENT (Ponominee / applicant in	,			
NAME & SURNAM	E:					
GENDER: M □ F	- □ AGE:	DATE OF BIRT	ГН:	NATIONAL	ITY:	
Categories: SC ☐ \$	ST OBC F	PHC/VHC/Hearing imp	aired 🔲 Gene	ral		
ACADEMIC BAC	KGROUND					
Level of academic qualification	Degree	Board/University	College/Inst of Affiliation			rade/Class
Class X	N/A					
Class XII	N/A					
Bachelors/Undergraduate Degree	е					
Masters/Post Graduate Degree or any other equivalent qualification						
Any additional Qualification/Training						
LIST OF RECEN	T ACADEMIC A	WARDS/ACHIEVE	MENTS:			
WORK EXPERIE Total work experie						
	Name of Organisation			Designation	Duration of Employment	
Current						
Past						

DESCRIPTION OF PRESENT RESPO	NSIBILITY:
ENCLOSURES:	
 Please enclose necessary copies of all ac Copy of CV 	ademic statements
 Contact details of 3 referees (2 academic/ 	1 professional)
·	
career plans including plans and expectat	250-500 word summary stating professional goals and ions in pursuing this Diploma Program)
* THE LAST DATE FOR	ACCEPTING APPLICATIONS IS 30th November, 2022.
(PLEASE TICK ONE OF THE FOLLOWING):
For self-sponsored candidates. Please give	your preference for the institute
☐ IIPH Delhi ☐ IIPH Gandhinag	gar 🔲 IIPH Hyderabad 🔲 IIPH Bhubaneswar
APPLICANT'S ADDRESS	
FOR COMMUNICATION: ——	
CITY:	
,	
5.	
Date:	Signature

Please post your application to: **Programme Officer, Indian Institute of Public Health-Bhubaneswar ,Plot No: 267/3408, Jaydev Vihar , Bhubaneswar-751013** .