



**INDIAN
INSTITUTE
of PUBLIC
HEALTH**
ESTABLISHED BY PHFI

GANDHINAGAR | HYDERABAD | DELHI
BHUBANESWAR | SHILLONG | BENGALURU

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

**INDIAN INSTITUTE OF PUBLIC HEALTH – BHUBANESWAR
(Odisha)**

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

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

Affix a passport
size photograph
here

NAME & SURNAME: _____

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

Categories: SC ST OBC PHC/VHC/Hearing impaired General

ACADEMIC BACKGROUND

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

LIST OF RECENT ACADEMIC AWARDS/ACHIEVEMENTS: _____

WORK EXPERIENCE

Total work experience in years: _____

	Name of Organisation	Designation	Duration of Employment
Current			
Past			

