



**APPLICATION FORM**  
**Master of Public Health (MPH)**  
**(2025-2027)**

**Indian Institute of Public Health - Bhubaneswar**  
**(in affiliation with Utkal University)**

(Last date of Submitting application: 30th June,2025)  
 (To be filled by the applicant/nominee in capital letters. Please tick in the appropriate boxes)

**First Name:** .....

**Last Name / Family Name:** .....

**Father' s/Husband' s Name:** .....

Affix a passport  
 size photograph  
 here

**Gender:** Male  Female  Others

**Date of Birth:**..... (DD/MM/YYYY format)

**Nationality:** .....

**Category:** SC  ST  OBC  PWD  EWS  General

**Applicant status:** Self-sponsored  Nominated

**(If nominated, please give details about the nominating organization / institution / department)**

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**ACADEMIC BACKGROUND**

Qualification	Name of degree	Subjects /Stream	Name of Board/University	Year of passing	Aggregate percentage
Class X	N/A	N/A			
Class XII	N/A				
Bachelors/ Undergraduate Degree					
Post graduate/ Master's or any other relevant qualification					

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

.....  
.....

**WORK EXPERIENCE:**

**Total work experience in completed years-----**

**(Start with the most recent one)**

<b>Name of the organization</b>	<b>Designation</b>	<b>Duration of employment</b>

**ENCLOSURES:**

- i. Marksheets of Class X and Class XII
- ii. Degree certificates and marks sheets of Bachelor/ Under Graduate degree and any other relevant qualifications
- iii. Latest Curriculum Vitae/ Resume
- iv. Contact details of 2 referees (academic/professional)
- v. Caste Certificate (SC / ST / OBC / PWD / EWS for General Category)
- vi. Statement of Purpose (A summary of stating professional goals and career plans including plans and expectations in pursuing this program in 300 words)

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**Applicant's Address for Communication**

**Name of Applicant:**

**City:**

**State:**

**Country:**

**Pin code:**

**Phone (Residence):**

**Mobile:**

**Email:**

**Date:**

**Signature:**

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**Filled-in application form with all requisite enclosures may be posted / couriered to:**

Program Officer, Public Health Foundation of India (PHFI)  
Indian Institute of Public Health, Bhubaneswar  
Plot No. 267/3408, Mayfair Lagoon Road, Jayadev Vihar, Bhubaneswar, 751013  
Tel.:- 0674 -3542301, 6370170040, 9668428051,  
(or)

**Filled-in application form with all requisite enclosures may be scanned and emailed to:**

E-mail: [contact@iiphb.org](mailto:contact@iiphb.org)