



APPLICATION FORM
for
Master in Public Health
(Two Years – Regular Course)
Academic Session – July 2010

To

The Convenor
Ravenshaw-AIPH MPH Programme
Asian Institute of Public Health
N5 / 421 IRC Village; Naya Palli
Bhubaneswar– 751015

(Only for Office use)

Sl. No: _____

Regd. No.

Academic
Performance: _____

Distinction: _____

Failure: _____

Total : _____

Sir,

I am Applying for registration

as a student for the

1. I agree to undergo the course on a whole time basis and shall not engage myself in private practice during the period of the course.
2. I agree that during my stay at the Institute, I shall not draw any Pay / Allowance / Fellowship from any other source if I am paid Scholarship / Fellowship by any other institute.
3. Attested copies of all relevant documents are enclosed.

**Affix recent passport
size Photograph
here**



DECLARATION BY THE APPLICANT

I hereby declare that the information given is true and correct and no information has been suppressed to the best of my knowledge and belief. In case any information given by me in this application is proved to be false or incorrect at any stage, I shall be responsible for the consequences, which may include among other things, cancellation of my admission, be in at any stage. I further declare that I shall maintain good conduct, pay the requisite fee and other charges by the due dates, attend my classes and duties regularly, and abide by the rules and regulations of the Institute/s without fail.

Place.....

Signature.....

Date.....

Name.....



25. Academic Qualification:

Examination Passed	Name of the Institution / University	Duration of the Course	Month and Year of		Percentage of marks obtained	No. of failures, if any
			Admission	Passing		
Bachelors						
Masters						
Any other (specify)						



26. EMPLOYMENT RECORD TO-DATE (Attach separate sheets and documents, if necessary)

Sl. No.	Name and address of the Institution	Position held	Nature of duties	Period	
				From	To



Details of registration with Medical Council of India (If you are a medical doctor)

Number:- _____
Date:- ____/____/____
State / UT:- _____

Details of scientific publications including thesis / Dissertation (Attach separate sheet/s, if necessary)

Any other information relevant to the research work, which you may like to give in support of your application

Details of the Demand Draft for Rs. 500 (Five Hundred) only, drawn in favour of: "Ravenshaw-AIPH MPH Programme", payable at Bhubaneswar, to be attached with each Application Form

Demand Draft No [] [] [] [] [] [] [] []
Date:- ____/____/____
Drawn on Bank:- _____
Branch:- _____
Application Fee:- _____



Check list for enclosures:

- (a) Copy of the document to prove age (Birth Certificate)
- (b) Copy of the Certificate for SC/ST/SEBC/OBC/PH candidates
- (c) Copy of the certificates to prove academic qualifications
- (d) Copy of Certificates for professional examinations passed
- (e) Copy of Certificates for proving both academic & field experiences
- (f) Statement of purpose (maximum 1000 words write up)
- (g) Demand Draft for Rs.500/- towards Application Fee (Applications without Application Fee will not be considered)

The information given above is correct to best of my knowledge and belief. If any of the information is found to be incorrect, then my admission may be cancelled.

Place:-

(Signature of the Candidate)

Date:-