

NOMINATION/ APPLICATION FORM

Master of Public Health (MPH) (September 2022 Session)

Max Division of Public Health

(To be filled by the applicant/nominee in capital letters. Please tick in the appropriate boxes)

First Name: **Last Name:**

Father's/Husband's Name:

Gender: Male ☐ Female ☐ Others ☐

Age: **Date of Birth:**

Nationality:

Category: SC ☐ ST ☐ OBC ☐ PH ☐ GENERAL ☐ EWS ☐

Applicant Status: Self-sponsored ☐ Nominated ☐

Affix a passport
size photograph
here

If nominated, please give details of nominating organization/dept.:

ACADEMIC BACKGROUND

Level of qualification	Name of the Degree	Stream / Subjects	Board/University	College/ Institution of Affiliation	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						
Any other qualification / Training						

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

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WORK EXPERIENCE

Total work experience in years:

	Name of the Organization	Designation	Duration of Employment
Current			
Past			

ENCLOSURES:

- i. Transcripts 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/PH/EWS for General Category)
- vi. Statement of Purpose (This needs to be a 250 - 300 word summary stating professional goals and career plans including plans and expectations in pursuing this program)

Last date for accepting applications is 15th August, 2022

APPLICANT'S ADDRESS FOR COMMUNICATION:

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City:

State:

Country:

Pin code:

Phone (Residence): Mobile:

Fax: Email:

Date:

Signature:

Please Submit your completed application at

E-mail: menka@Maxhealthcare.com

Address:

Max Superspecialty Hospital, Saket, New Delhi
2 Press enclave road, Saket, 110017

For More Inforamtion, Please contact Dr Menka Loomba: 8360629951