

The National Institute of Health and Family Welfare New Delhi

Ph.D (Session 2023-24)

APPLICATION FORM

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

| First Name: | Last Name: | | | | | | | |
|---|----------------------------|----------|---------------------|-------------------------|------------------|--|-----------------|----------------------------------|
| Father's/ Husband | her's/ Husband's Name: | | | | Affix a passport | | | |
| Gender: Male ☐ Female ☐ Others ☐ | | | | size photograph here | | | | |
| Age: Date of Birth: | | | | | | | | |
| Nationality: | | | | | | | | |
| Category: SC □ | ST 🗆 O | вс Г |] PH □ GEN | IERAL □ | EWS 🗆 | | | |
| ACADEMIC BACKGROUND | | | | | | | | |
| Level of qualification | Name Degree certific | | Stream /Subjects | Board/Ur | niversity | College/ Institution of Affiliation | Year of passing | Aggregate Percentage /CGPA |
| Class X | | | | | | | | |
| | | | | | | | | |
| Postgraduate/ Master's or any other equivalent qualification | | | | | | | | |
| Any other qualification/ Training | | | | | | | | |
| DETAILS OF UGC NET | JRF /ICM | 1R JRF / | GATE ETC. | | | | | |
| Type of Fellowship/Exam Qualified (UGC NET JRF/ ICMR JRF/ GATE etc.) | | | Year of Passing | | Subject | | Validity | |
| | | | | | | | | |
| LIST OF ACADEMIC A | WARDS | /ACHIE | VEMENTS, IF | ANY | | | | |
| | | | | | | | | |

LIST OF PRESENTATIONS/PUBLICATIONS, IF ANY (PLEASE ATTACH A SEPARATE SHEET IF REQUIRED)

| 1. | | |
|---------------------|--|--|
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| DETAILS OF DEFENCES | | |

DETAILS OF REFEREES

| S. No. | Name of Referee | Designation | Address | Contact Number | Email Id |
|--------|--------------------|-------------|---------|-------------------|----------|
| 1. | | | | | |
| | | | | | |
| 2. | | | | | |
| | | | | | |
| 3. | | | | | |
| | | | | | |

ENCLOSURES:

- i. Mark sheet and Passing Certificate of Class X
- ii. Marks sheets and Degree certificates of Masters Degree or any other equivalent qualifications
- iii. Certificate of UGC NET JRF/ICMR JRF/GATE Etc.
- iv. Latest Curriculum Vitae/Resume
- v. Caste Certificate (SC/ST/OBC/PH/EWS)
- vi. Research Proposal/Synopsis covering area of interest
- vii. Contact Details of three referees (Academic/Professional)

Last date for accepting applications is 16 October, 2023

| APPLICANT'S ADDRESS FO | R COMMUNICATION: | |
|---------------------------|------------------|------------|
| | | |
| | | |
| City: | | |
| State: | | |
| Country: | | |
| Pin code: | | |
| Phone (Residence): Mobile | e: | |
| Fax: Email: | | |
| Date: | | Signature: |

Please post your completed application to:

Director

The National Institute of Health and Family Welfare Munirka, New Delhi-110067, India Ph[0]:+91-11-26100057/+91-11-26185696, Fax: +91-11-26101623

E-Mail: director@nihfw.org, Web Site: www.nihfw.org