



EDUCATIONAL INSTITUTIONS ATTENDED

CERTIFICATE/DEGREE	BOARD/UNIVERSITY	YEAR OF PASSING	GRADE/ DEVISION	MARKS OBTAIN

EXPERIENCE IN PUBLIC HEALTH OR RELATED FIELD

INSTITUTION	DATE		DESIGNATION	IMMEDIATE SUPERVISOR'S NAME
	FROM	TO		

NAME AND ADDRESSES OF THREE REFEREES WITH WHOM YOU HAVE ACTUALLY WORKED PUBLIC HEALTH AND WHO WILL SEND TERTIMONIALS ON YOUR BEHALF.

1. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

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3. \_\_\_\_\_

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EXTRA CURRICULAR ACTIVITIES

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PLEASE WRITE DOWN WHAT ARE YOU GOING TO DO AFTER ATTENDING THIS COURSE AND HOW YOU MAY LIKE TO UTILIZE IT IN YOUR FUTURE WORK.

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I UNDERSTAND THAT THE COURSE OF MPH THAT I WANT TO PURSUE IS A FULL TIME COURSE AND TO THE BEST OF MY KNOWLEDGE THE INFORMATION PROVIDED IN THIS APPLICATION I ACCURATE.

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**DOCUMENTS TO BE ATTACHED**

1. FOUR PASSPORT SIZE PHOTOGRAPH
2. ATTESTED PHOTO COPIES OF ALL CERTIFICATES/ DEGREES LISTED IN THE APPLICATION.
3. CERTIFICATE OF EXPERIENCE.
4. CURRICULUM VITAE
5. VALID PMDC REGISTRATION
- 6.

FOR OFFICE USE ONLY :-

RATING OF CANDIDATE	EXCELLENT	GOOD	FAIR	POOR
1. QUALIFICATION				
2. EXPERIENCES				
3. INTEREST IN PUBLIC HEALTH				
4. FUTURE PLANS				
5. OVERALL COMMITMENT				

OVERALL RATING AND FINAL COMMENTS

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SIGNATURE OF THE MEMBERS OF ADMISSION COMMITTEE:

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2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_