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CENTRE

आई.सी.एम.आर - क्षेत्रीय आयुर्विज्ञान अनुसंधान केंद्र
स्वास्थ्य अनुसंधान विभाग, स्वास्थ्य एवं परिवार
कल्याण मंत्रालय, भारत सरकार
ICMR-Regional Medical Research Centre
Department of Health Research,
Ministry of Health & Family Welfare,
Government of India

MASTER IN PUBLIC HEALTH (MPH)

APPLICATION FORM ACADEMIC SESSION (2024-26)

Attach one recent
passport size colour
photograph & sign
across this photo

Do not sign over the
face

DO NOT STAPLE

Personal details

Applicant's Name (In block letter)	:			
Father's/ Guardian's Name	:			
Blood Group	:	Gender	:	_____ (Male/Female/Other)
Religion	:	Date of Birth	:	___/___/____(DD/MM/YYYY)
Identification Type (Aadhar card/Voter- Id/Other)	:	Identification No.	:	
Marital Status (Married/Unmarried)	:	Nationality	:	
		Mother tongue	:	

Present address

Details (Plot No./Flat No./Building/Village)	:	Post Office	:	
		Police Station	:	
District	:	State	:	
PIN Code	:	Contact No.	:	
Alternative Contact No. (If available)	:	E-Mail	:	

[1]

(Kindly fill the every section of this application form neatly by hand using blue or black ball point pen only)

Reservation details

Social category : _____ (Unreserved/ Other Backward Class/ Scheduled Cast/ Scheduled Tribe)

Permanent address

Details (Plot No./Flat No./Building/Village) :		Post Office :	
		Police Station :	
District :		State :	
PIN Code :		Contact No. :	
Alternative Contact No. (If available) :		Alternative E-Mail :	

Qualification details

Name of the Examination	Board/University	Name of the Institution/College	Year of Passing	Subjects	CGPA/ Secured marks	% Secured
Matriculation						
+2 or Equivalent						

Name of the Examination	Board/University	Name of the Institution/College	Year of Passing	Subjects	CGPA/Secured marks	% Secured
Graduate in [.....]				Hons.: <input type="text"/> (If any) Pass: <input type="text"/> (If any) Other papers:		
Other qualification [.....]						
Other qualification [.....]						

[2]

(Kindly fill the every section of this application form neatly by hand using blue or black ball point pen only)

STATEMENT OF PURPOSE

(This needs to be maximum 100-words, stating goals and career plans)

Payment Details

6- digit Demand draft No.	Date of issue	Name of the issuing Bank	Branch name	Amount (in rupees)

DECLARATION

I, solemnly affirm that the information furnished above is true and correct in all respect to the best of my knowledge and belief. I have not concealed any information. I undertake that if any information herein is found to be incorrect or false, my application is liable to be rejected. I shall also abide by to the rules, guidelines & instructions relating to admission procedure.

Full signature of the applicant
Date:

Place:

Name of the applicant:
(In block letter)

Enclosures

The following documents should be securely attached to the application form

- Demand draft in original from any nationalized bank duly signed by the authorized person
- Self-attested copy of all certificates and mark sheets from matriculation to onwards qualifications including Internship certificate (if required)
- Certificate in support of date of birth, if other than matriculate certificate
- For reservation (if any), a self-attested copy of the certificate issued by the competent authority, as per rule
- Latest curriculum vitae/ Resume

[3]

(Kindly fill the every section of this application form neatly by hand using blue or black ball point pen only)