

**Sree Chitra Tirunal Institute
for Medical Sciences and Technology
Thiruvananthapuram**

APPLICATION FORM FOR ADMISSION

**Master of Public Health (Epidemiology & Health systems)
at ICMR School of Public Health
ICMR-National Institute of Epidemiology, Chennai 600 077
Academic Session – July 2022**

Original (through proper channel)	Advance Copy
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(Only for office use)

Roll No.

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Academic Performance

Distinction:

+

Failures:

No.

To
The Program Coordinator
ICMR - NIE, TNHB, Ayapakkam
Chennai 600 077

Sir,

I am applying for registration
as a student for the programme

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(Please write clearly the name of the programme for which you are applying)

1. I agree to undergo the programme on a full time basis and shall not engage myself in private practice during the period of the programme.
2. I agree that during my stay at the Institute, I shall not draw any Fellowship from any other source if I am paid Scholarship / Fellowship by the SCTIMST / NIE.
3. I agree that during the course period, I will not participate in any strike, demonstration, etc., pertaining to my affiliation to any of the Association, Union or Federation in my parent department or of any other Organization.

**Affix recent
passport size
Photograph
here**

DECLARATION BY THE APPLICANT

I hereby declare that the information given by me in this application 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 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 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.....

**(To be filled in by the applicant in BLOCK letters)
(No column should be left blank)**

01	(a) Name in full				
		[As given in the Qualifying Examination (MBBS/MD)]			
02	(a) Father's Name				
	(b) Mother's Name				
03	(a) Date of birth (dd\mm\yyyy)				
	(b) Age (as on 1.7.2022)				
04	Gender				
05	Marital Status				
06	Nationality				
07	State / Union Territory to which you belong				
08	Do you belong to SC/ST/OBC/PH? (If yes, tick appropriate box and enclose copy of the Certificate) (The validity of OBC certificate is one year only. Hence, OBC certificate obtained on or after 01.01.2021 will only be treated as valid)	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
		SC <input type="checkbox"/>	ST <input type="checkbox"/>	OBC <input type="checkbox"/>	PH <input type="checkbox"/>
		Enclosed <input type="checkbox"/>	Not enclosed <input type="checkbox"/>		
09	(a) Are you employed? If yes, give the following	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
	(b) Designation				
	(c) Type of Organization / Department (Please tick mark)	Government <input type="checkbox"/>	Government Undertaking <input type="checkbox"/>		
		Government Project * <input type="checkbox"/>	Private <input type="checkbox"/>		
		(*example, State AIDS Control Society)			
	(d) Type of Government Employment	If Government employee, whether the service is permanent			
		YES <input type="checkbox"/>	NO <input type="checkbox"/>		
		If permanent Government employee, whether the service has been regularized (i.e. Probation completed)			
		YES <input type="checkbox"/>	NO <input type="checkbox"/>		

	(e) Name and address of the office where employed with pin code, phone & fax number and email ID, if available					
	(f) Name and address of the immediate Supervisor with pin code, phone & fax number and email ID, if available					
	(g) Name and address of the office of the Directorate (if applicable) with pin code, phone & fax number and email ID, if available					
	(h) Name and address of the office of the Secretariat (if applicable) with pin code, phone & fax number and email ID, if available					
10	(a) Have you served in the Armed Forces? If yes, give the following	<table border="1"> <tr> <td>YES</td> <td><input type="checkbox"/></td> <td>NO</td> <td><input type="checkbox"/></td> </tr> </table>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>			
	(b) Position held					
	(c) Nature of duties					
	(d) Number of years of service					
11	(a) Will you be officially sponsored / deputed or granted study leave / leave for doing this programme by your employer?	<table border="1"> <tr> <td>YES</td> <td><input type="checkbox"/></td> <td>NO</td> <td><input type="checkbox"/></td> </tr> </table>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>			
	(b) If sponsored, enclose original letter of sponsorship (Refer specimen enclosed)	<table border="1"> <tr> <td>Enclosed</td> <td><input type="checkbox"/></td> <td>Not enclosed</td> <td><input type="checkbox"/></td> </tr> </table>	Enclosed	<input type="checkbox"/>	Not enclosed	<input type="checkbox"/>
Enclosed	<input type="checkbox"/>	Not enclosed	<input type="checkbox"/>			
	(c) If not sponsored at the time of application, enclose No Objection Certificate from the employer or a letter mentioning that the candidate will be sponsored if selected for the programme (Refer specimen enclosed)	<table border="1"> <tr> <td>Enclosed</td> <td><input type="checkbox"/></td> <td>Not enclosed</td> <td><input type="checkbox"/></td> </tr> </table>	Enclosed	<input type="checkbox"/>	Not enclosed	<input type="checkbox"/>
Enclosed	<input type="checkbox"/>	Not enclosed	<input type="checkbox"/>			
12	What is your present designation and nature of duties?	<u>Designation</u> <u>Nature of duties *</u>				

* Mandatory

13. ACADEMIC QUALIFICATIONS

Examination Passed (Specify)	Name of the Institution / University	Duration of the Course	Month and Year of		Percentage of marks obtained	No. of failures, if any
			Admission	Passing		
(Graduation)						
(Post graduation)						
Doctorate/ Ph.D						
Additional Qualification						

15	Permanent residential address with pin code	
16	Address for correspondence with pin code *	
17	(a) Mobile phone number/s *	
	(b) Office phone number/s	
	(c) Residential phone number/s *	
18	Email ID * (Call letter, Selection letter, brochures etc., from NIE will be sent through email only)	
19	Fax number	

* Mandatory

20	Details of registration with Medical Council of India	Number
		Date
		State / UT
21	Details of scientific publications including Thesis (Attach separate sheet/s, if necessary)	
22	Details of Membership with professional bodies.	
23	a) Are you a member of any Association, Union or Federation in your parent department or from any other organization	<input type="checkbox"/> YES <input type="checkbox"/> NO
	b) If Yes, i) Name of the Association	
	ii) Details of Membership	Ordinary Member <input type="checkbox"/> Committee Member <input type="checkbox"/> Management Member <input type="checkbox"/> (If Yes, specify the portfolio, namely, President, Secretary, Treasurer, etc.)
24	Any other information relevant to the public health work, which you may like to give in support of your application	
25	Details of the Demand Draft for Rs.600/= (Rupees Six hundred only) drawn in favour of "Director, NIE" payable at Chennai, towards Application Fee	Demand Draft No.
		Date
		Drawn on Bank
		Branch

Date :

Signature

Check list for enclosures:

- (a) Copy of the document for age proof
- (b) Copy of the Certificate for SC/ST/OBC/PH candidates
- (c) Copy of the certificates of academic qualifications
- (d) Copy of attempt Certificates for examinations passed
- (e) Copy of Medical Registration Certificate
- (f) Copy of the relevant documents, viz., Appointment order/s, Promotion order/s, Nature of Duties or Work certificates, etc.
- (g) Sponsorship Certificate, if available or NOC from the parent department (refer specimen on Page: MPH-AF-9 / MPH-AF-10)
- (h) Demand Draft for Rs.600/= towards Application Fee (**Applications without Application Fee will not be considered**)

SPONSORSHIP CERTIFICATE
(Applicable for the candidates who are sponsored/deputed)

1. Certified that Dr. _____ son/daughter of Shri. _____, born on _____, is a permanent and regular employee of the Government Department/Medical College since _____ (Date) and has completed three years of regular/permanent service.
2. Certified that the candidate, if selected, will be sponsored for the entire duration (two years) of the MPH programme.
3. Certified that if the applicant is selected for the programme, he/she will be suitably employed by us after completion of the programme.
4. Certified that no financial implication in the form of salary, emoluments, etc., will devolve upon NIE / ICMR, during the entire period of the programme. Such payment for the candidate will be the responsibility of sponsoring/deputing authority.
5. Certified that the Institution/Department sponsoring/deputing the candidate belong to one of the following categories (please tick the appropriate category).
 - a. Central Government
 - b. State Government
 - c. Autonomous Body of Central Government
 - d. Autonomous Body of State Government
 - e. Public Sector Undertaking
 - f. Medical College/Hospital affiliated to a University and recognized by MCI
 - g. Others (specify)

Date :

Signature of the sponsoring/deputing
authority with seal

Station :

N.B.

1. Deputation/Sponsorship of candidates holding tenure appointment, adhoc or contract or honorary or appointment against a leave vacancy shall not be accepted.
2. The candidate must paste his/her recent photograph on the first page of the application.
3. In case of candidates sponsored/deputed by Medical College affiliated to a University and recognized by the Medical Council of India, the sponsorship/deputation certificate signed by the Principal of the Medical College concerned only shall be accepted.

NO OBJECTION CERTIFICATE

1. Certified that Dr. _____ son/daughter of Shri. _____, born on _____, is a permanent and regular employee of the Government Department/Medical College since _____ (Date) and has completed three years of regular/permanent service.
2. This Office / Department has **No Objection** in his/her applying for the two year MPH programme at NIE.
3. If he/she is selected for the programme, he/she will be sponsored / deputed / permitted to do the programme by availing Study Leave.
4. Certified that no financial implication in the form of salary, emoluments, etc., of the candidate will devolve upon NIE / ICMR, during the entire period of the programme. Such payment for the candidate will be the responsibility of sponsoring/deputing authority.
5. Certified that the Institution/Department sponsoring/deputing the candidate belong to one of the following categories (please tick the appropriate category).
 - a. Central Government
 - b. State Government
 - c. Autonomous Body of Central Government
 - d. Autonomous Body of State Government
 - e. Public Sector Undertaking
 - f. Medical College/Hospital affiliated to a University and recognized by MCI
 - g. Others (specify)

Date :

Signature of competent authority
with seal

Station :

N.B.

1. Deputation/Sponsorship of candidates holding tenure appointment, adhoc or contract or honorary or appointment against a leave vacancy shall not be accepted.
2. The candidate must paste his/her recent photograph on the first page of the application.
3. In case of candidates sponsored/deputed by Medical College affiliated to a University and recognized by the Medical Council of India, the sponsorship/deputation certificate signed by the Principal of the Medical College concerned only shall be accepted.
4. **If separate NOC is not provided in the above format, the concerned authority shall forward the application of the candidate mentioning the above details.**