



NATIONAL INSTITUTE OF COMMUNICABLE DISEASES

Government of India
Ministry of Health & Family Welfare
(Directorate General of Health Services)
22-Sham Nath Marg, Delhi 110 054



Master of Public Health (Field Epidemiology)
Affiliated to the Guru Gobind Singh Indraprastha University, Delhi
Session 2009-10

ADMIT CARD

Space for
Photograph
Candidate should
paste recent
passport size
photograph duly
attested by the Head
of the Institution last
attended or by any
Gazetted Officer.

ROLL NO. FOR THE ENTRANCE TEST _____

(To be left blank)

1. Application form No. _____ 2. Test Centre : **Delhi**

3. CANDIDATE'S NAME (IN CAPITALS)

FIRST NAME

MIDDLE NAME

LAST NAME

4. COMPLETE POSTAL ADDRESS (IN CAPITALS) DO NOT REPEAT NAME

Signature of Candidate
(To be signed in the presence of
invigilator in the examination Hall)

Signature of Invigilator

Signature of Candidate
(At the time of filling up of this form)



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 Do not pin/ staple

APPLICATION FORM FOR ADMISSION TO THE
ACADEMIC SESSION 2009-10

1. CANDIDATE'S NAME (IN CAPITALS)

FIRST NAME

MIDDLE NAME

LAST NAME

2. FATHER'S NAME (IN CAPITALS)

3. MOTHER'S NAME (IN CAPITALS)

4. COMPLETE PRESENT POSTAL ADDRESS (IN CAPITALS) (DO NOT REPEAT NAME)

5. COMPLETE PERMANENT ADDRESS (IN CAPITALS)

6. (a) TELEPHONE NUMBER WITH STD CODE

6. (b) MOBILE NUMBER

7. DATE OF BIRTH (CHRISTIAN ERA)*

Date

Month

Year

(For Sr. no. 8 to 11, please put tick mark (✓) in appropriate box)

8. NATIONALITY

Indian

Others, specify

9. GENDER

Male

Female

10. CATEGORY*

GEN SC ST

OBC PH DEF

Kashmiri Migrant

11. Language of Entrance Test: English

Hindi

12. Details of examination passed / appeared (Starting from 12th Standard)*

Examination	Board / University	Roll No.	Year	Name /Address of Institution attended	Subjects of specializations	% of Aggregate Marks
12 th Standard						
Qualifying Degree (Title: MBBS)						
Others, if any (Title: _____)						

13. Work Experience* (in health institutions/organizations in Central/State govts. or Public Sector)

S. No.	Name of the Organisation with Address and Telephone No.	Duration		Nature of Work
		From	To	

DECLARATION

I hereby solemnly and sincerely affirm that I fulfill the eligibility conditions prescribed by the Institute and that the statements made and information furnished by me in this application form is true and correct. Also I have not withheld any information. If it is found that any information furnished herein is fraudulent, incorrect or untrue in material particulars, I realize that I am liable to prosecution and that the admission to the programme is liable to be cancelled. I agree to abide by the rules, terms and regulations as contained in the information bulletin and other provisions notified by the Institute. I am also aware that my admission to the Master in Public Health will be provisional and subject to verification of my eligibility and other details furnished by me. I further undertake that during my entire programme in the Institute, I will not indulge in ragging or any other unfair activity.

Date _____

Place _____

Signature of the Candidate _____

* Note: Please attach one attested photocopy each of the required documents

CHECK LIST

(To be filled and submitted along with the application form for
MPH (FE) admission – 2009-10 academic sessions)

Name: Dr./Mr./Mrs./Miss _____

Address _____

Telephone No. _____ Mobile No. _____

1. Category: General /SC /ST /OBC/ Defence / PH/ Kashmiri Migrant/
Certificate attached: Yes / No / Not applicable

2. Date of Birth: _____ Proof attached: Yes / No
(As per Secondary School Certificate)

Age (as on 1st August 2009): years _____ months _____ days _____

3. Degree of MBBS: _____ Proof attached: Yes / No

4. Years of service rendered [in health institutions/organizations in Central/State govts. or
Public Sector; if applicable): _____; Proof attached Yes / No / NA

5. Are you currently in service (in health institutions/organizations in Central/State govts. or Public
Sector)? Yes / No
if yes, whether you have furnished letter from employer that you would be relieved for two years
on a full-time basis to undertake the course, in case you are admitted: Yes / Will submit at the
time of counselling

6. Entries in (both copies) of Admit Card completed: Yes / No

I have carefully read and verified the information furnished by me and affirm that it is true and correct and I fulfill the eligibility conditions for admission to MPH (FE) course as mentioned in the Information Bulletin.

Date:

Place:

Signature of the Candidate

CERTIFICATE FOR CLAIMING ADMISSION UNDER OBC CATEGORY

Certificate for claiming admission in the Master of Public Health (FE) course for the academic session 2009-10 under Other Backward Classes (OBC) Category at the National Institute of Communicable Diseases, Delhi.

Certificate No. _____

Date: _____

This is to certify that Mr./Miss/Mrs. _____ Son/daughter/wife of
_____ residing at _____

_____ in the State/Union Territory of _____ belongs to _____ community which is recognized as a Backward Class in the State/ Union Territory of _____ Vide Serial No. _____ of the Annexure to the G.O. Ms. No. _____ dated and published in the Official Gazette of _____ vide Gazette No., _____ dated _____ Mr./Miss./Mrs. _____ and his/her family ordinary reside (s) in the above mentioned place.

It is further certified that he/she does not belong to persons/sections (creamy layer) mentioned in the column 3 of the Schedule to Government of India, Department of Personnel and Training, O.M. No. 36012/22/93 Estt. (SCT) dated 8th September, 1993.

Place: _____

Given under the seal of

Signature of the Revenue Authority
Full Name of the Official Signatory _____
Designation _____

Date:

Seal _____

**CERTIFICATE FOR AVAILING ADMISSION AGAINST PHYSICALLY
HANDICAPPED QUOTA**

Certified that Shri/ Km/ Smt. son/daughter/wife_____ of Shri/Smt. _____ is physically handicapped due to _____ and he/she is fit for undergoing the _____ course(s) at Guru Gobind Singh Indraprastha University, Delhi.

(Office seal)

Name & Signature of
The Officer In-charge
Vocational Rehabilitation Centre
For Physically Handicapped
9,10,11 Karkardooma, Vikas Marg
Delhi-110092.

Date:

CERTIFICATE FOR AVAILING ADMISSION AGAINST KASHMIRI MIGRANT QUOTA

Certified that Shri/ Km./ Smt. _____ son/
daughter/ wife of shri/ _____ resident of
_____ is registered as migrant from Jammu &
Kashmir. The Registration number is _____ dated
_____.

Name & Signature of
Deputy Commissioner/
Competent Authority

Place:

Date:

(Office Stamp)

MEDICAL CERTIFICATE

(To be submitted at the Time of Counseling/Admission)

I certify that I have carefully examined Shri /Km /Smt.* _____
_____ son/daughter/wife of Shri/Smt.* _____
_____ whose signature is given below. Based on the
examination, I certify that he/she is in good mental and physical health and is free
from any physical defect which may interfere with his/her studies including the
active outdoor duties required of a professional.

Visible Mark of Identification _____

Signature of the Candidate _____

Place:

Name & Signature of the Medical

Date:

Officer with Seal and Registration
Number #

*Strike whichever is not applicable.

To be signed by a Registered Medical Practitioner holding a degree not below that of M.B.B.S.