



GOVERNMENT OF INDIA
Ministry of Health & Family Welfare

NATIONAL INSTITUTE OF PUBLIC HEALTH TRAINING & RESEARCH

MUMBAI CAMPUS: 332, S.V.P. Road, Girgaon, Khetwadi, Mumbai – 400 004.

Email: director.fwtrc@nic.in

NAVI MUMBAI CAMPUS: Plot No. 6 & 6 A, Sector 18, Khanda Colony, New Panvel (E) – 410 218.

Website: <https://www.niphtr.mohfw.gov.in>

APPLICATION FORM

PHOTO

Name of the Course: MASTER OF PUBLIC HEALTH

1. Name in Full: _____
(In Block Letters)

2. Sex: _____

3. Marital Status:

4. Nationality:

5. a. Present Address (to which communication to be sent):

b. Permanent Address (If different from above):

c. Mobile No.: _____

d. Email (Compulsory): _____

6. Date & Place of Birth:

Date of Birth

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Place: _____

7. Age (as on 31.05.2026): _____

8.

Caste	Tick appropriate caste
Unreserved (General)	
EWS	
SC	
ST	
OBC	

(Please attach a Valid Caste Certificate & OBC Non-Creamy Layer Certificate from the District Authority, EWS Certificate from the competent authority otherwise application will be treated as a general category.)

9. Academic record:

Give particulars of all examinations and degrees obtained:

Exam / Degree	Stream	Board / Institution / University	Medium of Examination	Year of Passing	Division / Class with % of marks	Subject (s) Offered
SSC						
HSC						
Graduation						
Post Graduation						

DECLARATION BY THE APPLICANT

I hereby declare that all statements made in this application are true, complete and correct to the best of my knowledge and belief.

SIGNATURE OF THE APPLICANT

Place & Date: