The National Institute of Health and Family Welfare New Delhi

Ph.D (Session 2026-27)

APPLICATION FORM

(To be filled by the applicant in capital letters. Please tick in the appropriate boxes)

Affix a passport size photograph here

First Name:……**Last Name**:……..

Father's/ Husband's Name: ……..

Gender: Male ☐ Female ☐ Others ☐

Age: …… **Date of Birth**:……

Nationality:……..

Category: SC ☐ ST ☐ OBC ☐ PH ☐ GENERAL ☐ EWS ☐

ACADEMIC BACKGROUND

Level of qualification	Name of the Degree/ certificate	Stream /Subjects	Board/University	College/ Institution of Affiliation	Year of passing	Aggregate Percentage /CGPA
Class X						
Class XII						
Graduation						
Postgraduate/ Master's or any other equivalent qualification						
Any other qualification/ Training						

DETAILS OF UGC NET JRF /ICMR JRF /GATE ETC.

Type of Fellowship/Exam Qualified (UGC NET JRF/ ICMR JRF/ GATE etc.)	Year of Passing	Subject	Validity

LIST OF ACADEMIC AWARDS/ACHIEVEMENTS, IF ANY

……

……

……

LIST OF PRESENTATIONS/PUBLICATIONS, IF ANY (PLEASE ATTACH A SEPARATE SHEET IF REQUIRED)

1.

2.

3.

4.

5.

DETAILS OF REFEREES

S. No.	Name of Referee	Designation	Address	Contact Number	Email Id
1.					
2.					
3.					

ENCLOSURES:

i. **Registration fee receipt/DD**
ii. **Certificate of UGC NET JRF/ICMR JRF/GATE Etc**
iii. **Marks sheets and Certificate of Graduation**
iv. **Marks sheets and Degree certificates of Masters Degree or any other equivalent qualifications**
v. **Mark sheet and Passing Certificate of Class XI & XII/Higher Secondary**
vi. **Mark sheet and Passing Certificate of Class X**
vii. **Medical Fitness certificate issued by MBBS doctor.**
viii. **Caste Certificate (SC/ST/OBC/PH/EWS)**
ix. **Latest Curriculum Vitae/Resume**
x. **Research Proposal/Synopsis covering area of interest**
xi. **Contact Details of three referees (Academic/Professional)**

Last date for accepting applications is 16 October, 2026

APPLICANT'S ADDRESS FOR COMMUNICATION:

……

……

City:

State:

Country:

Pin code:

Phone (Residence): Mobile:

Fax: Email:

Date: **Signature:**

Please post your completed application to:

Director
The National Institute of Health and Family Welfare
Munirka, New Delhi-110067, India
Ph[0]:+91-11-26100057/+91-11-26185696, Fax: +91-11-26101623
E-Mail: director@nihfw.org, Web Site: www.nihfw.ac.in