



The National Institute of Health and Family Welfare New Delhi
Ph.D. Programme in recognition with JNU, New Delhi
(Session 2024-25)

APPLICATION FORM

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

First & Middle Name:..... Last Name:.....

Father's/ Husband's Name:

Gender: Male Female Others

Age as on 31.10.2024: Date of Birth (as per High School Certificate)

Nationality:.....

Religion: Hindu/Muslim/Sikh/Jain/Buddhist/Any Other

Category: SC ST OBC PH GENERAL EWS

Affix a passport
size photograph
here

ACADEMIC BACKGROUND

Qualification	Subjects	Board/ University	College/ Institution of Affiliation	Year of passing	Aggregate %a/CGPA
Class X					
Class XII					
Graduate					
Master's or any other equivalent qualification					
Any other qualification by Recognized Institute					

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	Year of 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.					

List OF ENCLOSURES:

- i. Printout of application fee
- ii. Self-certified copy of mark sheet of Educational Qualifications from 10th onwards
- iii. Certificate of passing High School Board Examination
- iv. Valid Certificate of UGC NET JRF/ICMR JRF/GATE Etc.
- v. Latest Curriculum Vitae/Resume
- vi. Caste Certificate (SC/ST/OBC/PH/EWS)
- vii. Brief Research Proposal/Synopsis covering area of interest
- viii. Demand Draft in favour of Director NIHFW of Rs. 1000/- for General Category, Rs. 500/- for OBC (Non-creamy layer) and Rs 500/- for EWS category, Rs. 250/- for SC/ST/PWD category to be paid by the candidate at the time of submission of completed application
- ix. Contact Details of three referees (Academic/Professional)

Last date for accepting applications is 30 October , 2024

APPLICANT'S ADDRESS FOR COMMUNICATION:

Name:

Hose No and Street Name

City:

District:

State:

Country:

Pin code:

Mobile No:

Email:

Date of submission:

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

**** May also send advance copy of scanned application with attachment in single file to dean@nihfw.orh in case of postal delay.**