## MMTC Scholarship Application Form PGDPHM 2015-16

Candidate Details						
Name			Surname			
Gender:	Male □	Fe	male □	Age	DOB(dd/mm/yy)	
Nationality: Categories						
			PHC/VHC/Hearing	1		
SC □	ST 🗆	OE	BC 🗆	impaired □	General □	
Scholarship Requirement  Please indicate your requirement for the □ Full Scholarship □ Part Scholarship						
Please indicate your type of scholarship	requirement for	the		holarship on fee waiver)	☐ Part Scholarship (Part Tuition fee waiver)	
<b>Please provide</b> a <u>100 word write-up</u> answering the following question; <u>attach answer on a separate sheet</u>						
Why should you be considered for MMTC scholarship?  Scholarships Availed.						
Scholarships Availed Please fill the following section if you are recieving scholarship/financial assistance from any source at present (at the time of submission of the application)						
Name of the source with full address						
Name of the source with full address						
Scholarship amount/cover						
Scholarship/Financial Assistance					(MM/YY)	
Demonstrated Need						
The information provided by you below will help determine the need for support. Please fill details in the self declaration format for family income below. Proof of family income issued by the competent authority needs to be submitted along with this application.						
Self Declaration of Family Income						
PGDPHM course a household from	t IIPH all sources	 S	is Rs	hereby declare	or the MMTC Scholarship for that annual Income of my in words INR	
If at any stage, it is for student under the Maken against me.  Date: Place: Signature	ound that the info	orma	ation given l ould be wit	by me is false/not tru hdrawn and legal a	ie, all benefits given to the ction as deemed fit, may be	

## **Application Guidelines**

- The MMTC scholarship would only be offered to the Indian nationals.
- The MMTC scholarship would be offered to the applicants belonging to socially and economically deprived communities including SC, ST, OBC, PH/VHC/HI applicants applying for PGDPHM course being offered by PHFI through the IIPHs.
- A select Scholarship Committee will review applicant's candidature for the said scholarship.
- Decision to call a candidate for interview or select a candidate for scholarship will be final and no representation in this regard will be entertained.
- Incomplete and unsigned/unsubstantiated application forms are liable to be rejected.

## **Enclosures**

The following documents should be securely attached to the Application Form:

- In case of SC/ST/OBC, an attested copy certifying applicants status issued by the Competent Authority.
- In case of PHC/VHC/Hearing Impaired, an attested copy of health certificate issued by a Competent Authority.
- A certificate of NOT belonging to socially advance persons/sections (Creamy Layer) / Income Proof Certificate issued by the appropriate authority.

Completed application along with Course application form and all necessary enclosures should reach by **31**<sup>st</sup> **May 2015** to:

Programme Officer, Academic Programmes, Public Health Foundation of India, Plot No. 47, Sector-44, Institutional Area, Gurgaon-122002, India.

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