

MMTC Scholarship Form

PGDPHM course 2013-14

Candidate Details

Name Surname

Gender: Male Female Age DOB(DD/MM/YY)

Categories

SC ST OBC PH C/VHC/Hearing impaired General

Scholarship Preferences

Do you seek accomodation on campus? Yes No

Please indicate your preference for the type of scholarship Full Scholarship Part Scholarship

Please provide a 100 word write-up answering the following question; attach answer on a separate sheet

- o Why should you be considered for MMTC scholarship?

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

Scholarship amount/cover

Scholarship/Financial Assistance to continue up to (month, year) (MM/YY)

Demonstrated Need

The information provided by you below will help determine the need for support. Proof of income will be sought at a later date. Please fill details in the self declaration format for family income below:

Self Declaration of Family Income

I,..... applicant for the MMTC Scholarship for PGDPHM course at IIPH hereby declare that annual Income of my household from all sources is Rs..... in words INR

If at any stage, it is found that the information given by me is false/not true, all benefits given to the student under the MMTC Scholarship could be withdrawn and legal action as deemed fit, may be taken against me.

Date:

Place:

Signature

Residential Address

.....

Application Guidelines

- A select Scholarship Committee's 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 PH C/VHC/hearing impaired, an attested copy of health certificate issued by a Competent Authority
- Self declaration of family income in the prescribed format

Completed application along with Course application form and all necessary enclosures should reach by **31ST July 2013** to:

Manager, Academic Programmes, Public Health Foundation of India, Institute for Studies in Industrial Development (ISID), 4, Institutional Area, Vasant Kunj, Near The Grand Hotel, New Delhi - 110070