

For Office Use Only
Inward No: _____
Date: _____
Signature: _____

## BHAIKAKA UNIVERSITY

Gokal Nagar, Karamsad – 388 325  
Anand, Gujarat, INDIA

Phone: ( 02692) 228531 / 228748

www.bhaikakauniv.edu.in



### Master of Public Health Application Form

#### Instructions for Applicant:

1. Students should carefully read the rules for admission before submitting the application form.
2. Every entry in the form must be completed in detail. Incomplete applications are liable to be rejected.
3. No application will be considered for admission unless it is accompanied by self-attested copies of the certificates mentioned in the prospectus.
4. Students completing this course will be awarded degree from the Bhaikaka University.

1. Name (As appearing in the degree certificate) : \_\_\_\_\_

2. Date of Birth: \_\_\_\_\_ 3. Age: \_\_\_\_\_ 4. Sex: ☐ Male / ☐ Female

5. Citizenship: \_\_\_\_\_ 6. Father/ Husband's full name: \_\_\_\_\_

7. Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Pin code: \_\_\_\_\_ Dist.: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

Aadhar No.: \_\_\_\_\_ (Mobile): \_\_\_\_\_

E mail: \_\_\_\_\_

8. Address for Communication: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Permanent Address (Leave blank if it is the same as per address of communication)

**Academic Record:**

Level	Name of the Degree	Discipline/ Stream/ Subject	College/ Institute of Affiliation	University	Year of Passing	Final %/ Grade/ Class
Bachelors/ Graduate degree						
Masters/ Post Graduate degree/ Equivalent						
Any additional qualification						

**Work Experience, If any (Internship not to be counted as experience).**

Name of Organization	Designation	Duration of Employment
Current		
Past		

**List of publications/ presentations/ research work/ training/ awards/ academic achievements:**

Sr. No.	Publications / Presentations / Research Work/ Training/ Awards/ Academic Achievements	Year of Achievement

**List of documents to be submitted:**

- Recent Passport size photo
- All years attempt-wise mark-sheets of graduate & post graduate course
- Internship completion certificate for MBBS graduates
- Degree Certificate/Passing Certificate
- School leaving certificate/transfer certificate
- Passport/Birth certificate (for proof of birth place)
- Aadhar Card (mandatory)
- For overseas students copy of Passport is mandatory
- Details of the fee payment along with your name and phone number which you have submitted in this form to our email id info@bhaikakauniv.edu.in . Total max size for attachments is should not exceed 25 MB.

**Disclaimer \***

I solemnly declare that I have personally checked and verified all the information filled in this form and that they are correct and that no relevant information of fact is suppressed or omitted. I undertake to abide by the decision / order of the Admission Committee to cancel my admission and / or expel me from the University and or to prosecute me in case any incorrect information or discrepancy is found in this form either at the time of admission or at any time during the course of my study. I hereby agree, if admitted, to confirm to various Rules and Regulations of the Bhaikaka University in force and I undertake that so long as I am a student of the University I will do nothing either inside or outside the University that will interfere with its orderly governance and discipline..

Signature of Student: \_\_\_\_\_

Date : \_\_\_\_\_