



GOVERNMENT OF INDIA  
ALL INDIA INSTITUTE OF HYGIENE & PUBLIC HEALTH  
110, CHITTARANJAN AVENUE, KOLKATA - 700 073  
Telephone: 033-2241-2860/3831, 2257-1048/1049, 2241-3954, 2219-7848  
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## ADMISSION FORM

The Candidates are requested to furnish the following particulars in Block letter, which are required for office use:

1. Name in full \_\_\_\_\_
2. Course of Study \_\_\_\_\_
3. Session \_\_\_\_\_
4. Father's Name, Address, Occupation and Mob. No. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Permanent Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Mobile No. & E-mail \_\_\_\_\_
7. Nationality \_\_\_\_\_
8. Religion \_\_\_\_\_
9. Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
10. Age \_\_\_\_\_
11. Sex (Male/Female) \_\_\_\_\_
12. Marital Status: Married /Single/Widow/Divorce \_\_\_\_\_
13. Next of Kin with Address and Telephone No. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
14. Residential Address in Kolkata \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
15. Local Guardians' Name & Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
16. State which he/she belongs to \_\_\_\_\_
17. Date of Admission in the course \_\_\_\_\_
18. Date of joining the course \_\_\_\_\_  
(To be filled by Office)

Affix Recent  
Passport size  
Photograph  
with Signature

19. Name & address of sponsoring authority \_\_\_\_\_  
\_\_\_\_\_

20. Experience (if any) \_\_\_\_\_

21. Details of qualification with year of passing (University/ Institute) \_\_\_\_\_  
\_\_\_\_\_

22. West Bengal University of Health Sciences Reg. Number: \_\_\_\_\_

23. Appointment, if any, held prior to joining the Institute \_\_\_\_\_

24. If the reply in col. 22 is affirmative please state \_\_\_\_\_

a) Pay/Time scale of Post \_\_\_\_\_ b) Dearness allowance \_\_\_\_\_

c) City Allowance: \_\_\_\_\_ d) Compensatory Allowance \_\_\_\_\_ e) NPA \_\_\_\_\_

f) T.A. and entitled class of Railway for joining the course and returning to his station on completion of course: \_\_\_\_\_

25. Please state whether you will draw DA from the employer during the training period \_\_\_\_\_

26. Stipend, if any, granted by the Government from any Institute. For the period of training: \_\_\_\_\_

27. Whether the following fees have been paid by yourself or by your employer: \_\_\_\_\_

28. Tuition Fees etc. Rs. \_\_\_\_\_ b) Caution Money deposit Rs. \_\_\_\_\_ c) Admission fees Rs. \_\_\_\_\_

29. Whether the period of training will be treated as on duty, in case of those who are already employed: \_\_\_\_\_  
\_\_\_\_\_

30. Prospect on completion of the course: \_\_\_\_\_

31. Whether you are coming from rural/urban area: \_\_\_\_\_

32. Do you belong to SC/ST/OBC (State the community) \_\_\_\_\_

33. Whether you are attending the Institute from distant place entailing daily travel by rail \_\_\_\_\_

34. If so, whether you purchase monthly season ticket: \_\_\_\_\_

Dated: \_\_\_\_\_

Place: KOLKATA

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Signature of Candidate