



APPLICATION FORM

Master of Public Health (MPH)

(August-September, 2026, Session)

Department of Community Medicine,

Zoram Medical College & Hospital, Falkawn, Mizoram

Under the aegis of MIZORAM UNIVERSITY

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

1. First Name: _____ Last Name: _____
2. Father's/Husband's Name: _____
3. Gender (Male/Female/Others): _____
4. Date of Birth (DD-MM-YYYY): _____
5. Age (as on the last date of submission of the application): _____
6. Nationality: _____
7. Category (SC/ST/OBC/General /PH/EWS): _____
8. Applicant Status (Self-Sponsored/Nominated): _____
9. If nominated, please give details of nominating Organization/Dept.: _____

Affix a passport
size photograph
here

10. Academic Background:

Level of qualification	Name of the Degree	Stream / Subjects	Board/ University	College/ Institution of Affiliation	Year of passing	Aggregate Percentage
Class X	N/A	N/A				
Class XII	N/A					
Bachelors/ Undergraduate Degree						
Post graduate/ Master's or any other relevant qualification						
Any other qualification / Training						
Any other qualification / Training						

11. List of recent Academic Awards/ Achievements (If Any):

12. Work Experience:

- Total work experience in years: _____

	Name of the Organization	Designation	Duration of Employment
Current			
Past			

ENCLOSURES:

- Transcripts of Class X and Class XII
- Degree certificates and marks sheets of Bachelor/ Under Graduate degree and any other relevant qualifications
- Latest Curriculum Vitae/ Resume
- Contact details of 2 referees (academic/professional)
- Caste Certificate (SC/ST/OBC/PH/EWS for General Category)
- Statement of Purpose - please see end of the form to fill in statement of purpose

****Last date for accepting applications is 22/09/2026**

APPLICANT'S ADDRESS FOR COMMUNICATION:

City:**State:****Country:****Pin code:****Phone (Residence):****Mobile:****Fax:****Email:****Date:****Signature:**

Please post your completed application to:

MPH Program secretariat -

Department of Community Medicine,

Zoram Medical College & Hospital, Falkawn,

Mizoram

Tel.: +91-9810703981, +91-9920473981, +91 8414831597

E-mail: mphzmc@zmc.edu.in

PLEASE WRITE STATEMENT OF PURPOSE

- 1) **Write in brief about you in 50-100 words.**
- 2) **What is your motivation for the program?**
- 3) **What is your academic & professional background?**
- 4) **Why do you wish to pursue this particular course now?**
- 5) **How you will use the learning of the course in future**