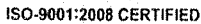


FORM E-1

INSTITUTE OF PUBLIC HEALTH & HYGIENE

RZ-A-44, MAHIPALPUR, NEW DELHI - 110037

Tel: 011-26782850/51/52/53/54

R. No.

Date

Rs.

Authorised Representative/Cashier

- 1. Course Code**

[illegible]

- ## 2. Year

One Year

1st Year	
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II nd Year

1. Roll No.

[illegible]

- ## 2. Session

[illegible]

- 3. Full Name of The Student (as per 10th Certificate)**

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4. Father's Name

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- ### 5. Address for Correspondence

6. Telephone : _____ 7. Date of Birth

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8. E-mail: _____

9. Examination: Half - Yearly /Final /Supplementary

Contd..... 2

10. Give the following particulars concerning your education:

Examination	Subject, Division and Percentage	Year	Name of the University Board / Institutions

11. Fees Payable :

Rs. _____ for all paper

Rs. _____ for Two paper

Rs. _____ for One Paper

(in case of payment through bank Draft, the Bank Draft should be in favour of "Institute of Public Health & Hygiene, New Dehi")

Undertaking by the candidate

12. I have gone through the syllabus & Regulation of the exam and understood the same for my eligibility for the exam. In case of any discrepancy filled in by me in the E-1 form. I shall be responsible for the consequences.

Date : _____

Place: _____

(Signature of the candidate)

FOR OFFICE USE ONLY

Certified that :

(a) He/She has paid all the dues of the Institute/College upto and we will collect full arrears of this course before this candidate is allowed to appear in the Examinations, as we do not have any authority to realise any arrears after the commencement of Examinations.

(b) He/She has attended more than 80% of Lectures in Theoreticals and Practicals/Field Practice/Experience Training Classes held during the current Session

(c) We have no objection if she/he is allowed to appear in the Final/Supplementary Examination (in all Papers/ in Paper only) by the IPH&H, New Delhi.

(Signature of the Principal)

(Signature of the Director)