



ISO 9001 : 2000 Certified

# INSTITUTE OF PUBLIC HEALTH & HYGIENE

RZ-A-44 , Mahipalpur , New Delhi-110 037

## ENQUIRY FORM

### PLEASE INDICATE:

- I will pick up the Enquiry Letter from the Campus
- Please mail my enquiry direct at

: \_\_\_\_\_

### TYPE OF INFORMATION REQUIRED (Please check):

- Information about the Academic Programmes. (Please Specify the Course interested)
- Confirmation of Registration
- Hostel / Cost of Living
- Continuing Education Programme
- International Student Visa (Expiry Date): \_\_\_\_\_
- Other (Please explain):

\_\_\_\_\_

### ABOUT YOURSELF

Student Number: \_\_\_\_|\_\_\_\_|\_\_\_\_| - \_\_\_\_|\_\_\_\_|\_\_\_\_| - \_\_\_\_|\_\_\_\_|\_\_\_\_|

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone (Day): (\_\_\_\_) \_\_\_\_\_

Telephone (Evening): (\_\_\_\_) \_\_\_\_\_

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

### PROGRAM INFORMATION

Program Name/Course Name (If enquiring for Admission Confirmation Letter)

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE (day/month/year)