



ISO 9001 : 2000 Certified

INSTITUTE OF PUBLIC HEALTH & HYGIENE

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

FORM FOR CHANGE OF ADDRESS

- (a) Complete and submit this form to Enrolment Services, IPH&H.
- (b) If submitting this form in person, please provide identification.
- (c) Address changes will **NOT** be undertaken by telephone instruction.

Date _____ STUDENT ID NO. |_| |_| |_| |_| |_| |_| |_| |_| |_|

About Your Name

Please **print** your name (as on the college's file) below:

- MR.
- MRS.
- MS.

Your New Permanent Address

Please print details regarding your new permanent address. All students must have a permanent address on file. Your permanent address is the one to which correspondence from the college can be mailed to you at any time.

_____ (AREA CODE)	_____ TELEPHONE NO.	_____ AT YOUR PERMANENT ADDRESS
_____ (AREA CODE)	_____ TELEPHONE NO.	_____ AT WORK (IF ANY) .

Your New Local Address

Please print details regarding your new local address only if your local address is different from your Permanent address. Your local address is your temporary address which is being used while you attend IPH&H.

_____ (AREA CODE)	_____ TELEPHONE NO.	_____ AT YOUR PERMANENT ADDRESS
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