



INTERNATIONAL INSTITUTE FOR POPULATION SCIENCES

(Deemed to be University)

An Autonomous Organization of Ministry of Health & Family Welfare, Govt. of India

GOVANDI STATION ROAD, DEONAR, MUMBAI – 400 088, INDIA.

WEBSITE: www.iipsindia.ac.in

TEL: 022-42372572/420 EMAIL: admission@iipsindia.ac.in

TO BE FILLED IN BY THE OFFICE

Application No.	IIPS/ADMN-2021- 2022/INTL. _____
Signature & Date of the Official	

PERSONAL DETAILS OF THE CANDIDATE

Name of the Candidate	
Father's/Guardian's Name	
Mother's Name	

Affix passport size
photograph

Age	_____ years
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Marital Status	<input type="checkbox"/> Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Widowed/Divorced/Separated
Address for Correspondence	
Permanent Address	
Email ID	
Alternate Email ID	
Mobile Number	

Alternate Contact Number	
Date of Birth	
Nationality	
Passport ID	

Name of the course applying for	<input type="checkbox"/> M.A./MSc : Master of Arts/Science in Population Studies <input type="checkbox"/> MPS: Master of Population Studies <input type="checkbox"/> Ph.D.: Doctor of Philosophy in Population Studies
Have you published any research articles in journals / edited books?	<input type="checkbox"/> Yes (please attach the list separately) <input type="checkbox"/> No
Will you be sponsored for the program?	<input type="checkbox"/> Yes (please provide the details of sponsor separately) <input type="checkbox"/> No
Do you have work experience?	<input type="checkbox"/> Yes (please attach the employment history separately) <input type="checkbox"/> No

ACADEMIC DETAILS

Qualifying Degree Passed/Studying/ Appearing	Name of the Institution/ University	Degree	Subjects	Status of Qualifying Exam	Month & Year of Passing	Over all %age of Marks/ Grades

Declaration:

I have gone through the advertisement and have clearly understood the eligibility criteria for the courses and agree to abide by norms of IIPS for the same. I declare that all information given and statements made in this application are true to the best of my knowledge. I agree that if any information is found incorrect, my application will automatically be cancelled and no money will be refunded. I am also aware that IIPS may reject my application without assigning any reason. I also agree that if in future the information provided is found to be false, I am liable for any action taken by IIPS.

Date: _____

Place: _____

(Signature of the Applicant)

Candidates are requested to download the application form, fill up, scan and forward it with other supporting documents to admission@iipsindia.ac.in and send a hard copy to the above mentioned address.