



KERALA UNIVERSITY OF HEALTH SCIENCES

**Application for M. Sc. (Advanced) Clinical Epidemiology (Part time)
course 2025 Admission under School of Public Health, KUHS,
Thiruvananthapuram**

1. Name of the Applicant	
2. Date of Birth	3. Age
4. Gender (Tick whichever is applicable)	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> TG
5. Community	<input type="checkbox"/> General <input type="checkbox"/> SC <input type="checkbox"/> ST
6. Are you working in any KUHS-affiliated Institution?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, FEP ID: _____
7. Present Official Address	PIN: _____
Residential Address	PIN: _____
8. Phone No. with STD Code	
9. Mobile No.	
10. Email ID	

11. Educational Qualifications

Qualification	Year of Passing	College / Institution	University
Degree			
PG Diploma			

PG Degree			
Others			
12. Are you a Service Candidate?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, whether NOC from Controlling Officer is submitted?	<input type="checkbox"/> Yes <input type="checkbox"/> No (*NOC is mandatory at the time of admission*)		

13. Professional and Job Details (Service Candidates)

Designation	College / Institution	Date of Joining	Date of Relieving

14. Professional and Job Details (Non-Service Candidates)

Designation	Institution	Years of Experience
15. Fellowships and Other Achievements		<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, please give brief details of research experience and list your publications (if any):

Research experience	<p>Involvement in research projects (Please specify your status as Principal investigator/investigator / co- investigator)</p> <ol style="list-style-type: none"> 1. 2.
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	3. Presentations in state/ national/zonal conferences 1. 2. 3.
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Publications (Latest only)	1. 2. 3. 4. 5.
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16. Details of Remittance

Fee Amount (₹)	
Bank Name	
Remittance Details	
Date of Remittance	

Declaration

I hereby declare that the information provided above is true to the best of my knowledge. I agree to abide by the rules and regulations of the M.Sc. (Advanced) Clinical Epidemiology course laid down by the University from time to time.

Date: _____

Signature: _____

Place: _____

Name: _____