




UNIVERSITY OF GONDAR
AT ADDIS CONTINENTAL INSTITUTE OF PUBLIC HEALTH
PhD in Public Health Program

APPLICATION FORM
SEPTEMBER 2017

Instruction:

1. USE BLOCK LETTERS
2. COMPLETE APPLICATION
3. Email the scanned copy of the following documents along with your application form to the registrar office. (for academic documents Please bring the hard copies in person to registrar office for verification before October 10, 2017)
 - a. Your Master Degree
 - b. ESLCE / equivalent
 - c. CV
 - D. Statment of Purpose (typed, single spaced, not more than two pages. For detaile instructions see the requirement for application)
 - F. Research Concept Note (3-5 pages research statment. For detaile instructions see requirement for application)
4. Official TRANSCRIPT of postgraduate studies; mailed directly to Addis Continental Institute of Public Health by your previous institution of higher education: P.O.Box 26751 code 1000, Addis Ababa Ethiopia.
5. List and email address of three referees



Photo

INFORMATION: Application for the program is considered eligible if and only if application fee is deposited and deposite slip is submitted to the registrar office. The training will be conducted at the Addis Continental Institute of Public Health, Addis Ababa. University of Gondar will offer the DEGREE upon successful completion of all requirements.

Name & Title (Mr. Mrs, Ms, Dr.) Female
 Male

Date of Birth Nationality

Current position/Job Title

Institutional Affiliation (Employer)

Mobile Number Office/Home Tel:

Email Address

Present Address:

Region Woreda

Kebele House Number

Telephone Mobile Telephone Home

Contact Person in case of Emergency

Contact person's Telephone

Post-Secondary Education

Year & Month	Institution Attended	Major Subject	Degree Completed
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List relevant work experience (Begin with most recent employment, and include all current jobs. You may attach additional information on a separate page if necessary.)

Dates from-to	Position/ title	Employer	City/ Country

List your publication (If necessary, place on separate sheet)

Title of Publication	Date, where published (Journal)

List Award: scholarships, fellowships, grants, or other awards you received, including grants to attend international conferences, workshops, or seminars. (If necessary, place on separate sheet.)

1	
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List Three Referees: reference letters (recommendation letters) must be submitted up on email request from the UoG/ACIPH. At least one of the referees must be a University Professor familiar with your academic work.

1st Name of referee (academic professor):		Email:	
2nd Name of referee:		Email:	
3rd Name of referee :		Email:	

Date of Application		Signature Field	
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Email the completed application to UOGaciph@gmail.com or print and submit the completed hard copy in person to ACIPH registrar office.

Application Period: September 25 - November 2, 2017

For Further Information:

Call : 0116390004

Email: UOGaciph@gmail.com

visit: www.addiscontinental.edu.et

OFFICIAL USE ONLY

<input type="radio"/>	Admitted	<input type="radio"/>	NOT Admitted
Name of Responsible		Date	
Signature Field			