



# Addis Continental Institute of Public Health

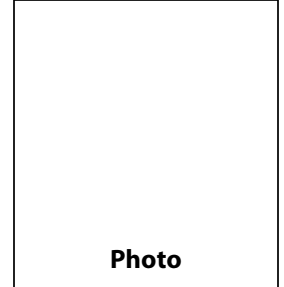
## MASTER OF PUBLIC HEALTH PROGRAM

### APPLICATION FORM

### September 2024

**Instruction:**

1. USE CAPITAL LETTERS
2. COMPLETE APPLICATION
3. Email/bring the scanned/ copy of the following documents along with your application form to the registrar office.
  - a. Valid GAT certificate
  - b. Your Degree / and Equivalence if Degree is from abroad
  - c. Student copy first degree
  - d. ESLCE / equivalent
4. Official TRANSCRIPT; 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. Three letters of recommendations emailed directly to registrar.aciph@gmail.com



**Photo**

(form available at [www.addiscontinental.edu.et/apply-to-aciph](http://www.addiscontinental.edu.et/apply-to-aciph))

**INFORMATION:** The training will be conducted at the Addis Continental Institute of Public Health, Addis Ababa for October 2024 admission. Addis Continental Institute of Public Health will offer the DEGREE upon successful completion of all requirements. **Application for the program is considered eligible if and only if the required documents are submitted with application fee, email/bring deposit slip to the registrar office/ email to registrar.aciph@gmail.com.**

1st Name & Title (Mr. Mrs, Ms, Dr.)	Father Name / Middle name	Grand Father Name	<input type="radio"/> Female <input type="radio"/> Male
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	

Full Name in Amharic (including grand father name)

Date of Birth E.C.  Place of Birth  Woreda (for place of Birth)

Sub City if place of birth is in Addis Ababa  Woreda (for place of Birth)

National Exam Score/ 12th grade  National Examination ID No.

TaxPayer ID No.  Nationality

Current position/Job Title

Institutional Affiliation (Employer)

Mobile Number  Office/Home Tel:

Applicant Email Address

**Present Address:**

City  Sub City

Woreda  House Number

Contact Person in case of Emergency

Contact person's Telephone

**Post-Secondary Education**

Year & Month	Institution Attended	Major Subject	Degree Completed

**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 three recent publications**

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
- 2
- 3
- 4
- 5

**List Three Reference:** reference letters (recommendation letters) must be submitted in support of your application. Please use the reference form of ACIPH available on the website to obtain recommendations

1

2

3

**Financial Support**

- Government Organization (sponsorship letter must be submitted to the Registrar office along with the application)
- Non-Government Organization (sponsorship letter must be submitted to the Registrar office along with the application)
- Self-Sponsor

**Date of Application**  **Signature**

Email the completed application to admission.aciph@gmail.com.

**Application Period: September 24 - October 9, 2024**  
**Application Deadline: October 9, 2024**  
**Venue: Addis Continental Institute of Public Health Main Campus**

**For Futher Information:**  
**Call :** 0955444449/0116390000 / 04  
**Email:** registrar.aciph@gmail.com/registrar@addiscontinental.edu.et / mph.aciph@gmail.com / admission.aciph@gmail.com  
**visit:** www.addiscontinental.edu.et

**OFFICIAL USE ONLY**

Admitted  NOT Admitted

Name of Responsible Person

Date

Signature Field