



TATA INSTITUTE OF SOCIAL SCIENCES

And

NEW HORIZONS HEALTH AND RESEARCH FOUNDATION



APPLICATION FORM

(For Office Use Only)	
Registration No.: _____	Notes: _____
Interview Date : _____	_____
Letter Sent on : _____	_____
Remarks on checking the Certificates _____	
Checked by _____	Date: _____
(To be Filled by the candidate)	
Course Applied for: Post Graduate Diploma in Special Education: Multiple Disabilities (Physical and Neurological) (PGDSE: MD (P &N))	
Challan No. _____	Date: _____
Bank and Branch Name _____	

Staple your recent
Passport Size
Photograph.
Write your full name
on the back of the
photograph for
verification

INSTRUCTIONS

- a) All entries should be Typewritten / Written in Capitals.
- b) Fill ALL sections of the Form. Incomplete Application Form will not be considered.
- c) Please submit the completed form with enclosures to the Assistant Registrar (Academic Section), Tata Institute of Social Sciences, V.N. Purav Marg, Deonar, Mumbai 400 088.

Personal Information

Full Name (As given on the grade X/matriculation certificate)

Miss/Ms/Mr / Dr	First name	Middle name	Last name																					

Date of birth	Present Age	Gender	Marital status
DD / MM / YYYY	Years	M / F	Single/Married/Others(Specify)

Permanent Home Address

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_____																				City	_____				
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State	_____										Pin Code	_____			
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Landline	S T D -	_____										Mobile	_____			
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Correspondence Address

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_____																				City	_____				
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State	_____										Pin Code	_____			
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E-Mail Address (This e-mail ID will be used for sending application and admission related information.)

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Family Information

Mother's name																																			
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Father/Husband's name																																		
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Contact Information (In case of emergency)

Landline			S	T	D	-															Mobile																
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Languages Known:

Mother Tongue																																		
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Other Languages Known: (Place a tick mark in appropriate columns)

Languages	Speak	Read	Write

Nationality																																				State of Domicile																																		
<i>Current Nationality</i>											<i>Mention the State</i>																																																											

Category																																									Name of Subcaste/Tribe																																								
<i>General/SC/ST/OBC/PWD/Others (Specify)</i>											<i>Name of Subcaste or Tribe/NA if Not Applicable</i>																																																																						

Relevant Category Certificate Attached				
<i>Yes/No</i>				

Have you applied for a program elsewhere?				If Yes, Specify:																																				
<i>Yes/No</i>				<i>Course Name and Institute Name</i>																																				

Previous experience/Family member with special needs

Have you worked with individuals with special needs? AND/OR Are you a parent of an individual with special need?	YES	NO	<i>If yes, please provide additional information:</i>
	<i>Tick as appropriate</i>		

New Learning

State your reasons for your inclination to join this program.

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Educational Qualifications (Please attach all true copies of mark sheets and degree certificates with this application.)

Exam Passed	Name of School/College and place	Board/ University	Year of entry and leaving	Subjects of Study (underline special subjects)	Marks Obtained out of Total Marks	Percentage/ Class/ Division
S.S.C./ Grade X			from: to:			
H.S.C./ Grade XII			from: to:			
Graduate			from: to:			
<i>Other</i>			from: to:			
			from: to:			

Work Experience (Please attach all the certificates.)

Name of Employer	Place of Employment	Designation and Nature of Work	Period	
			From	To

Complete Checklist for completion of the Application Form. Ensure to tick in relevant column for every point.

Sr. No.	Attachments Required	Options		
		YES	NO	Not Applicable
1	Application Fee paid Challan – Rs. 500/-	YES		
2	Copy of Birth Certificate/Extract	YES	NO	Not Applicable
3	Copy of Grade X/Matriculation Certificate	YES	NO	Not Applicable
4	Copy of Marriage Certificate (in case of change of name)	YES	NO	Not Applicable
5	Copy of Schedule Case/Scheduled Tribe (If ticked Yes in the Form)	YES	NO	Not Applicable
6	Certificate for persons with disability	YES	NO	Not Applicable
7	Three passport size photographs, with name on reverse.	YES	NO	Not Applicable
8	True copies of all educational certificates	YES	NO	Not Applicable
9	Copies of certificates of employment	YES	NO	Not Applicable
10				
11				

AUTHORIZATION AND DECLARATION BY THE APPLICANT

My signature below

1. authorizes all schools/colleges/institutes attended to provide all requested records and allow review of my application for the admission process chosen on this application.
2. confirms all information in this application (including any supplemental information) is factually true and honestly presented and that I am the person submitting this application.
3. affirms to the best of my knowledge that I have not been disqualified by any University from appearing for any examination or from seeking admission to any program of study.
4. confirms that I have read and understood all the provisions and rules of the Post Graduate Diploma Program I have applied for and if admitted, I will abide by all the rules and regulations of the Institute.

Signature of applicant: _____

Date: _____

CERTIFICATE OF SPONSORSHIP FROM EMPLOYING ORGANISATION

This is to certify that Dr./ Mr. / Miss / Mrs. _____

(Candidate's Designation)

(Department)

(Organisation)

currently employed in our organisation, has been working with us from _____
(Date)

We are happy to sponsor him/her for the programme of training leading to the Post Graduate Diploma in _____
_____ for the following reasons:

(Name of the course)

i) _____

ii) _____

iii) _____

If selected, his/her fees will be paid by the organisation to the institute directly or through the candidate.

Name of the head of the Department / organisation: _____

Designation: _____

(No./ Name of Building) (Town) (State) (Pin Code) Phone _____

(Signature)

(Date)

(Seal of Organisation)

CERTIFICATE OF EMPLOYMENT
(In case of non-sponsored candidates)

This is to certify that Dr./ Mr. / Miss / Mrs. _____

(Candidate's Designation)

(Department)

(Organisation)

currently employed in our organisation, has been working with us from _____
(Date)

Name of the head of the Department / organisation: _____

Designation: _____

(No./ Name of Building) (Town) (State) (Pin Code) Phone _____

(Signature)

(Date)

(Seal of Organisation)