

**TATA INSTITUTE OF SOCIAL SCIENCES**  
 (Deemed to be University since 1964; under Section 3 of the UGC Act, 1956)  
 Deonar, Sion Trombay Road Mumbai-400 088

**Executive Postgraduate Diploma in  
 Hospital Administration  
 2013-2014**

**APPLICATION FORM**

Affix your recent  
 Passport Size  
 Photograph. Write  
 your full name on  
 the reverse of the  
 photograph for  
 verification

<b>FOR OFFICE USE ONLY</b>
Registration No. : .....
Interview Date : .....
Letter Sent on : .....
Remarks on checking the Certificate .....
Checked by :

<b>(To be filled by the candidate)</b>
Name of the Bank :
Branch :
DD No. : <span style="float:right">Date :</span>

**INSTRUCTIONS**

- a) An incomplete Application Form will not be considered.**
- b) All entries should be Typewritten / Written in Capitals.**
- c) Please mail the completed form with enclosures to the Secretariat, School of Health Systems Studies Tata Institute of Social Sciences, Deonar, Mumbai 400 088.**

1. Full Name : Dr./ Mr./Ms. : \_\_\_\_\_  
(First Name) (Middle Name) (Surname)

2. Name of Father / Mother / Spouse : \_\_\_\_\_

3. (a) Date of Birth: 

DD		MM		YYYY					

(b) Present Age \_\_\_\_\_ Years.

4. Marital Status (Please  )

Single	Married	Widowed	Divorced	Separated
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5. (a) Address for Correspondence: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(b) Permanent Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_ E-mail \_\_\_\_\_

Contact No. (in case of emergency): \_\_\_\_\_

6. State of Domicile : \_\_\_\_\_

7. Mother Tongue : \_\_\_\_\_

8. Languages Known:

Languages	Speak	Read	Write

9. Do you belong to a Scheduled Caste / Tribe / OBC (NC)? 

Yes	No
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If yes, please specify the name of sub-Caste / Tribe / OBC (NC): \_\_\_\_\_  
[Attach attested Certificate]

10. Have you enrolled for any programme elsewhere? 

Yes	No
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If yes, specify \_\_\_\_\_

11. (a) Give Name and Address of the Current Employer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Web Address: \_\_\_\_\_



**In the space provided below, mention briefly why you wish to join this programme in not more than 500 words.**


14. Please  against the documents attached with the application form.

Bank Demand Draft for Rs.1,000/-.

Proof of date of birth.

Copy of Scheduled Caste / Scheduled Tribe / OBC (NC) Certificate, if applicable

Attested photocopies of all documents such as degrees, diplomas, certificates and testimonials in support of your application.

Three Photographs (write your name on the reverse)

Employment Certificate

No objection certificate from your current employer in event of the selection

Certificate of sponsorship from the employer for sponsored Candidates

Copy of the experience certificate/s

#### **DECLARATION BY THE APPLICANT**

I, \_\_\_\_\_ hereby declare that the information given in this application is complete and accurate. I have not been disqualified by any University from appearing for any examination or from seeking admission to any programme of study.

I agree that the Institute has the right to cancel my admission and/or withdraw the Diploma certificate awarded to me if it finds that the information in this application is incorrect and/ or misleading at any point of time. I also agree that on being admitted, I shall abide by the rules of attendance requirements, discipline, conduct, etc. of the Institute and any modification to the rules and regulations of the Institute, as made from time to time, after my admission.

\_\_\_\_\_  
(Place)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Applicant)

## CERTIFICATE OF EMPLOYMENT

This is to certify that Mr. /Ms./Dr. \_\_\_\_\_

\_\_\_\_\_  
(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 : \_\_\_\_\_ Phone : \_\_\_\_\_

\_\_\_\_\_  
(No./ Name of Building) (Town) (State) (Pin Code)

\_\_\_\_\_  
(Signature) (Date) (Seal of Organisation)

## CERTIFICATE OF SPONSORSHIP FROM THE EMPLOYER

(For Sponsored Candidates)

This is to certify that Mr. / Ms. / Dr. \_\_\_\_\_

\_\_\_\_\_  
(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 Executive Postgraduate Diploma in Hospital Administration for the following reasons :

- 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 : \_\_\_\_\_ Phone : \_\_\_\_\_

\_\_\_\_\_  
(No./ Name of Building) (Town) (State) (Pin Code)

\_\_\_\_\_  
(Signature) (Date) (Seal of Organisation)