



TATA INSTITUTE OF SOCIAL SCIENCES

School of Social Work

Dual Degree in

1. M.A. in Social Work and Mental Health
2. M.A. in Management of Voluntary Organizations

APPLICATION FORM

(FOR OFFICE USE)	
Registration No.:	_____
Interview Date:	_____
Letter Sent on :	_____
Remarks on checking the Certificate	_____
_____ Checked by	_____
(To be Filled by the Candidate)	
Receipt No. _____	Date: _____
(For Downloaded Form)	
Draft No.: _____	Date: _____
Receipt No. _____	Date: _____

Staple your recent
Passport Size
Photograph.

Write your full name
on the back of the
photograph for
verification

INSTRUCTIONS

- a) 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 **Section Officer, School of Social Work Secretariat, Tata Institute of Social Sciences, V.N. Purav Marg, Deonar, Mumbai – 400 088.**
Please mention the name of the programme applied, on top of the envelope)

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

2. Name of Significant Person _____

3. (a) Date of Birth:

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(b) Present Age _____ Years.
DD MM YYYY

4. Office Address: _____

5. Address for Communication: _____

6. (a) Residential Address: _____

(b) Telephone: _____ Mobile: _____ E-mail: _____
Contact No.(in case of Emergency): _____

7. Marital Status: Single/ Married/ Widowed/ Divorced/ Separated _____

8. Mother Tongue: _____

9. Languages Known:

Languages	Speak	Read	Write

Languages	Speak	Read	Write

10. Do you belong to a Scheduled Caste / Tribe/ OBC? Yes / No

If yes, specify name of Caste / Tribe: _____

(Please attach Certificate)

11. Are you a person with disability? Yes / No, if yes, specify.

12. Have you enrolled for any programme elsewhere? Yes / No

If yes, specify _____

13. (a) Are you employed at present?

(b) Position:

(c) Describe your current duties.

14. (a) Why do you wish to join this programme? (500 words) (Please attach additional sheet, if required)

(b) Mention any work done by you in the chosen field of study (500 words)

15. Academic Background S.S.C. onwards (Please attach all the true copies of mark sheets and degree certificates).

Exam Passed	Name of School / College and place	Board / University	Year of entry	Year of Leaving	Subjects of study (underline special subjects)	Marks Obtained out of Maximum Marks	Class / Percentage
S.S.C. or (equivalent)							
H.S.C.							
Under Graduate							
Post Graduate							
Any other							

17. Attach photocopy of all documents such as degrees, certificates and testimonials in support of your application.

18. List below all the documents that you have attached.

- Demand Draft of a Bank for Rs. _____
- Copy of Birth Certificate / Extract.
- Copy of Scheduled Caste / Scheduled Tribe / OBC Certificate, if the applicant belongs to such category.
- Three photographs (name on the reverse)

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 nay programme of study.

If admitted, I agree to abide by the rules and regulations of the Institute.

(Place)

(Date)

(Signature of Applicant)

CERTIFICATE OF SPONSORSHIP FROM EMPLOYING ORGANISATION

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

(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 education leading to the M.A. in Social work (Management of Voluntary Organisation) 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)

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

This is to certify that Dr./Mr./Ms. _____

(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)