

TATA INSTITUTE OF SOCIAL SCIENCES

(A Deemed University) North-Eastern Regional Centre

Detailed Application Form for: Diploma in Community Organisation and Development Practice

All entries in the Application Form should be written in CAPITAL LETTERS. Incomplete Application Forms will not be accepted. Please use additional sheets, wherever required.

Paste one recent
PASSPORT SIZE
photograph here
with your signature
on it for
identification

	identifi	cation		
I. Full Name: Mr. /Ms.				
1.1 Qualification:				
1.2 Year of Passing:				
2.1 Do you belong to a General Category? Yes No				
2.2 Do you belong to a Scheduled Caste/Tribe? Yes No 2.3 If yes, specify				o-caste/Tribe)
2.4 Do you belong to an Other Backward Caste? Yes No 2.5 If yes, Specify				
			(Nam	ne of the OBC)
2.6 Have you attached (a) The Scheduled Caste/Schedule Tribe/OBC Certificate?	Yes	No	NA	
(b) Income certificate of last financial year (2007-2008)?	Yes	No	NA	
2.7 Are you a person with disability? Yes No 2.8 If yes, attach a copy of the mention percentage of o				
3.1 Date of Birth: (Date Month Year)				
3.2 Age as on June 01, 2009years				
1. Marital Status: Single Married				

				(Pin Code)		(Si	tate)
	(Telephone No.)		(Cell No.)			(E-	-mail.)
6.	State of Original Do	omicile					
7.	1 Have you ever beer						
7	3 Is any criminal case	pending against you i		urt? Yes	No		
	•		-				
7.	4 If yes, please specif						
8.	1 Family Background	I					
		Relationship	Ī .				
N	ame of Family Member	i.e., Father/Mother,	Living/ Dead	Education Qualification	Occupation	Monthly Income RS.	Any Addition Information
:		etc	Dead	Quantication		meome no.	mormation
i.							
ii.							
""							
iii.							
iv.							
iv.							
V.							1
v.	2. Downioulous of Local	Cuardian					1
v.	2 Particulars of Loca	l Guardian				ccunation	No. of
v.	2 Particulars of Local	l Guardian Relationship		ddress, Residence	Designa	ccupation,	
v.				ddress, Residence e and Cell No.	Designa		No. of Dependants o him/her

9. Please indicate how you will meet your expense: Source of Funds			Amount Expected,	Period for which it	Signature of	
	Name	Relationship	Per Month	is Assured	Parent/ Guardian/Spouse	
i)						
ii)						
iii)						
					<u> </u>	
LO. /	Are vou emploved? If	yes, please give the follow	ving details of vour	past and present	iob (s). A "No	
		m your present employer				
with	this Application Forn	n.				
Nam	e of Employer and Place of Work	Designation and Nature of Work	Years of Serv		:/Consolidated/Monthly Salary Drawn	
(i)	OI WOIK	WOIK			Datally Drawn	
(ii)						
(11)						
(iii)						
(iii)						
	Which languages do y	ou know? Please mention	your proficiency as	s Good or Fair or I	Poor	
		ou know? Please mention	Proficiency			
11. \	Language	ou know? Please mention Speak			Poor Write	
11. \ 1. E			Proficiency			
	Language		Proficiency			

13. How did you come to know abo	out this programme?	
(a) Newspaper		
(b) From TISS website		
(c) Through newsletter/poster	that was e-mailed/posted	
(d) Through informal communi	cation networks	
(e) Others (Specify)
14. Mention any special information	on that you would like to share with u	us here:
Important		
•	the relevant mark sheets and certif	
(ii) Please bring your original admission.	mark sheets/certificates, etc., for ve	erification, at the time of
(iii) Admission will be confirm eligibility fulfillment of the	ed subject to the verification of orige selected candidates.	inal certificates, mark sheets and
15. Declaration by the Applicant		
· · · · ·	formation provided in the Application qualified by any university or other ission for any programme of study.	·
me if the Institute finds that the point of time. I also agree that on I	ght to cancel my admission and/or vinformation in this application is in being admitted, I shall abide by the rathe Institute and any modification to	correct and/or misleading at any ules of attendance requirements,
(Place)	(Date)	(Signature of Applicant)