



2008-2010

TATA INSTITUTE OF SOCIAL SCIENCES

(A Deemed University)
V.N. Purav Marg, Deonar, Mumbai-400 088

Detailed Application Form for: Master of Health/Hospital Administration/Public Health

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.

Registration No. :

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

1. Full Name: Dr./Mr./Ms. _____
(Student's First Name) (Middle Name) (Last Name)

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 _____
(Name of the Caste/Sub-caste/Tribe)

2.4 Do you belong to an Other Backward Caste? Yes No

2.5 If yes, specify _____
(Name of the OBC)

2.6 Have you attached:

(a) The Scheduled Caste/Scheduled Tribe/OBC Certificate? Yes No NA

(b) Household/Family Income Certificate of last Financial Year (2006-2007)? Yes No NA

2.7 Are you a person with disability? Yes No

2.8 If yes, attach a copy of the Certificate and mention percentage of disability: _____

2.9 Are you a Kashmiri migrant? Yes No

2.10 If yes, please attach a copy of the documentary evidence.

3.1 Date of Birth:
Date Month Year

3.2 Age as on June 23, 2008 _____ years

4. Marital Status: Single Married

5. Residential Address _____

(Pin Code) (State)

(Telephone No. with STD Code) (Cell No.) (Fax No. with STD Code) (E-mail)

6. State of Original Domicile: _____

7.1 Have you ever been convicted? Yes No 7.2 If yes, please specify _____

7.3 Is any criminal case pending against you in any Court? Yes No

7.4 If yes, please specify _____

8. Have you taken part in NSS activities? Yes No

9.1 Have you applied for any other Master's Degree programme(s) at this Institute, this year? Yes No

9.2 If yes, specify the name of the programme(s) _____

9.3 Family Background:

Name of Family Member	Relationship, i.e., Father/Mother, etc.	Living/Dead	Educational Qualification	Occupation	Monthly Income Rs.	Any Additional Information
(i)						
(ii)						
(iii)						
(iv)						
(v)						
(vi)						

9.4 Particulars of Local Guardian:

Name	Relationship	Contact Address	Contact Phone No. with STD Code
			Resi.: Off.: Cell:

10. Please indicate how you will meet your expenses during the period of study

Source of Funds		Amount Expected, Per Month	Period for which it is Assured	Signature of Parent/Guardian/Spouse
Name	Relationship			
(i)				
(ii)				
(iii)				

11.1 State particulars of your education beginning with S.S.C. or equivalent examination. Attach photocopies of all the marksheets.

Name of Examination	Duration of Study (in Years) (Put Tick Mark in the Relevant Box)	Board/University	Name of Institution Attended	Attended		Year of Passing	Medium of Instruction	Subject of Study (Specify Main/Major Subject only)	Total Marks Obtained in all Subjects including Languages/Major Main/Subsidiary Subjects, etc.	Out of Maximum Marks	Overall Percentage of Marks OR Average Grade Point Obtained
				From (Month and Year)	To (Month and Year)						
S.S.C. or its equivalent	10 years ()										
Higher Secondary, Pre-University or Intermediate	1 year () 2 years ()										
B.A.	<input type="checkbox"/> 1st year										
B.Sc.	<input type="checkbox"/> 2nd year										
B.Com.	<input type="checkbox"/> 3rd year										
M.B.B.S.	<input type="checkbox"/> 1st year										
B.D.S.	<input type="checkbox"/> 2nd year										
B.Pharm	<input type="checkbox"/> 3rd year										
B.Sc. (Nursing)	<input type="checkbox"/> 4th year										
M.A.	<input type="checkbox"/>										
M.Sc.	<input type="checkbox"/>										
M.Com.	<input type="checkbox"/>										
Other Master's Degree (Specify.....)											
Other degrees/diplomas (Specify.....)											

Internship Date of Completion:

11.2 Explain any unaccounted period from the date of passing school (S.S.C. or equivalent examination) to the date of this application

Period unaccounted		How was this time spent?
From	To	

12.1 Were/Are you employed? If yes, please give the following details of your past and present job(s). A "No Objection Certificate" from your present employer has to be produced within 30 days, if not attached with this Application Form.

Name of Employer and Place of Work	Designation and Nature of Work	Years of Service	Gross/Consolidated/ Monthly Salary Drawn
(i)			
(ii)			
(iii)			

12.2 Have you applied for any job or competitive examination for a service?

Yes	No
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12.3 If yes, please give details about post and organisation and dates of examination/interview. _____

13. Mention any work done by you relevant to the field(s) of study selected by you. _____

14. List your extra-curricular and leisure time activities, if any: _____

15. Mention any special information which you would like to share: _____

16.1 Do you need hostel accommodation?

Yes	No
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(Outstation candidates will be given priority in admission to Hostel)

If yes, fill in the Hostel Form. However, please note that filling the Hostel Form does not ensure a hostel seat.

16.2 I will accept admission to the Institute even if the hostel accommodation is not available to me in the beginning.

OR

(Signature)

16.3 I regret that I will be unable to accept admission if hostel accommodation is not available in the beginning.

(Signature)

17. If you are employed, how will you ensure attending classes and also field work (Please tick any one of the followings).

- Your employer will grant you study leave/duty leave for these periods.
- You will use your personal leave/vacation slots to attend classes in these period.
- You will have to lose pay for these periods.
- It will pose difficulty and you have not yet worked out how to manage this.

IMPORTANT

- (i) A set of photocopies of all the relevant marksheets and certificates as mentioned on pages 35–36 of the Information Brochure must be attached with this Form.
- (ii) Verification of original marksheets/certificates, etc., will be done after the announcement of the admission results, i.e., between May 12 and 15, 2008.
- (iii) Admission will be confirmed subject to the verification of original certificates, marksheets and eligibility fulfilment of the selected candidates.

18. Declaration by the Applicant

I hereby certify that the information provided in the Application and Detailed Form is complete and accurate. I have not been disqualified by any university or other institution from appearing for any examination or from seeking admission for any programme of study.

I have completed my Bachelor's Degree under _____
(specify the pattern of study)

I agree that the Institute has the right to cancel my admission and/or withdraw the Degree awarded to me if the Institute 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, hostel, etc., of the Institute and any modification to the rules, as may be made from time to time, after my admission.

(Place) (Date) (Signature of applicant)

List of Enclosures:

- | | |
|----------|-----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |
| 7. _____ | 8. _____ |
| 9. _____ | 10. _____ |

19. For International Students only

(For more details, please refer pages 41 to 44 of the 'Information Brochure for Master's Degree Programmes 2008-2010')

(Full Name) (Nationality)

(Passport No.) (Dated) (Valid Upto)

(Passport Issued by)

(Type of Visa) (Issued by) (Valid Upto)

Address of your Embassy/High Commission/Mission in India:

(Pin Code)

Are you a self-supporting candidate? Yes No

If you are getting any scholarship, give details

(Since) (Amount per annum)

(Date) (Signature)