



TATA INSTITUTE OF SOCIAL SCIENCES

School of Health Systems Studies
Diploma in Hospital Administration

APPLICATION FORM

(FOR OFFICE USE)

Registration No. : _____

Interview Date : _____

Letter Sent on : _____

Remarks on checking the Certificates _____

_____ Checked by _____

(To be Filled by the Candidate)

Receipt No. _____ Date: _____

(For Downloaded Form)

Draft No. : _____ Date: _____

Receipt No. _____ Date: _____

Name of the Bank _____

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 STP, Tata Institute of Social Sciences, V.N. Purav Marg, Deonar, Mumbai 400 088.** Please write **DHA** on the envelope.

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

2. Father / Mother / Spouse's Name _____

3. (a) Date of Birth:

DD	MM					YYYY	

 (b) Present Age _____ Years.

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

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

If yes, specify name of Sub-caste / Tribe: _____

[Whether the Certificate is attached] Yes / No

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

If yes, specify _____

12. (a) Are you employed at present? Yes / No

(b) Position : Supervisor / Executive / Other.

(c) For how many years have you had administrative / supervisory experience in the field of Health/Hospital?

years

(d) Describe your current duties.

13. Why do you wish to join this programme?

14. 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)							
HSC							
Under Graduate							
Any other							

15. Work Experience (Please attach all the certificates)

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

16. Attach photocopy of all documents such as degrees, diplomas, certificates and testimonials in support of your application.
17. List below all the documents that you have attached.
- i) Demand Draft of a Bank for Rs. _____/-
 - ii) Copy of Birth Certificate / Extract.
 - iii) Copy of Scheduled Caste/Scheduled Tribe Certificate, if the applicant belongs to such category.
 - iv) Three Photographs (name on the reverse)
 - v)
 - vi)

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.

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 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 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 : _____

(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 Mr./Miss/Mrs. _____

(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)