



**Centre for Lifelong Learning, Tata Institute of Social Sciences  
In partnership with The Communique**

V.N. Purav Marg, Deonar, Mumbai, Maharashtra 400088



**1-Day Program in Presentation and Public Speaking Skills  
APPLICATION FORM**

<b>(For Office use)</b>
Registration No.:
Remarks on checking the Certificates:
Remarks on checking Work Experience:
Checked by:

Staple your recent Passport Size Photograph.
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**INSTRUCTIONS**

- a) Incomplete Application Forms will not be considered
- b) All entries should be Typewritten/Written in Capitals
- c) **Please mail scanned copies of the completed form with enclosures to [devcomm@tiss.edu](mailto:devcomm@tiss.edu)**

1. Full Name: Mr/Mrs/Miss \_\_\_\_\_  
(First Name) (Middle Name) (Last Name)

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

3. (a) Date of Birth (DD/MM/YYYY): \_\_\_\_\_ (b) Present Age: \_\_\_\_\_ Years

4. (a) Residential Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(b) Telephone: \_\_\_\_\_ (c) Mobile: \_\_\_\_\_ (d) E-mail: \_\_\_\_\_

5. Office Address: \_\_\_\_\_  
\_\_\_\_\_

6. Address for Communication: \_\_\_\_\_  
\_\_\_\_\_

7. Marital Status: Single/Married/Widowed/Divorced/Separated \_\_\_\_\_

8. Mother Tongue:

9. Languages Known:

Language	Speak	Read	Write

10. State of Domicile:

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

(b) Designation:

(c) Describe your current duties:

12. Why do you wish to join this Program?

13. Academic Background (Please attach true copies of mark sheets and certificates).

Exam Passed	College	University	Year of Passing	Subject of Study	Division/ Percentage
Under Graduate					
Post Graduate					
Any Other					

14. Work Experience (Please attach letter of current employment)

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

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

- a. Copy of **ID Document** (Aadhar Card/ Voter ID/ Passport)
- b. Copy of **Under Graduate Degree**
- c.
- d.
- e.

### **DECLARATION BY THE APPLICANT**

I hereby declare that the information given in this application is complete and accurate.

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/Mrs/Miss \_\_\_\_\_

\_\_\_\_\_  
(Candidate's Designation)

\_\_\_\_\_  
(Department)

\_\_\_\_\_  
(Organization)

currently employed in our organization, has been working with us from: \_\_\_\_\_

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

We are happy to sponsor him/her for the 1-Day Program in Presentation and Public Speaking Skills for the following reasons:

i. \_\_\_\_\_

ii. \_\_\_\_\_

iii. \_\_\_\_\_

If selected, his/her fees will be paid by the organization to the Institute directly or through the candidate.

Name of the head of the department/organisation: \_\_\_\_\_

\_\_\_\_\_  
Designation: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
(No./Name of Building)

\_\_\_\_\_  
(Street)

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

\_\_\_\_\_  
(Area)

\_\_\_\_\_  
(Town)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Pin Code)

\_\_\_\_\_  
(Signature)

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

\_\_\_\_\_  
(Seal of Organization)

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

This is to certify that Mr/Mrs/Miss

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(Designation)

(Department)

(Organization)

currently employed in our organization, has been working with us from:

(Date)

Name of the head of the department/organisation:

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Designation:

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Address:

(No./ Name of Building)

(Street)

Phone:

(Area)

(Town)

(State)

(Pin Code)

(Signature)

(Date)

(Seal of Organization)