



**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 Campaign Design
APPLICATION FORM**

(For Office use)

Registration No.:

Remarks on checking the Certificates:

Remarks on checking Work Experience:

Checked by:

Staple your recent
Passport Size
Photograph.

INSTRUCTIONS

- Incomplete Application Forms will not be considered
- All entries should be Typewritten/Written in Capitals
- Please mail scanned copies of the completed form with enclosures to devcomm@tiss.edu**

1. Full Name: Mr/Mrs/Ms

(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 certificates):

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

14. Work Experience:

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 ORGANIZATION

This is to certify that Mr/Mrs/Ms _____

(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 Campaign Design for the following reasons:

i. _____

ii. _____

iii. _____

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

Name of the head of the department/organization: _____

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/Ms _____

(Designation)

(Department)

(Organization)

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

(Date)

Name of the head of the department/organization: _____

Designation: _____

Address: _____

(No./ Name of Building)

(Street)

Phone: _____

(Area)

(Town)

(State)

(Pin Code)

(Signature)

(Date)

(Seal of Organization)