TATA INSTITUTE OF SOCIAL SCIENCES

Jamsetji Tata School of Disaster Management

P.G. Diploma in Disaster and Livelihood Recovery

Application Form

(For Office Use)	
Registration No. :	
Interview Date :	
Letter Sent on :	Staple your
	recent Passport
Remarks on checking the certificates	size
	_ (34.9 x 46.57
Checked by	mm)
	Photograph.
	Write your full
(To be filled by the candidate)	name on the
Registration Fee of Rs.	
500 Date : Receipt No Date :	
D.D. No	
Name of the Bank	
Name of the bank	
 No application will be considered unless it is typed copy of the statement of purpose. All blanks, except signature, should be typewr Strike out whatever is inapplicable. Please mail the completed applicable of the completed applicable. Mr Nanda Kishore Manda, Women Development A Rudramati Marga, Kathmandu, Nepal. Email: where the complete of the	itten/written in capitals. cation form with enclosures dvocacy Center,Buddhanagar-10 dacnpl@gmail.com
1. Name	
Title (Last Name)	(First Name)
(Dr./Mr./Ms.etc.)	
2. (a) Place of Birth(b) Date	e of Birth
	DD MM YYYY
(c) Age	ווויו טט וווייו טט
3. (a) Nationality (l	o)Stateof Domicile
(c) Mother Tongue	

4. Parent / Gua	ardian's Name		ı				
Title (Last Name) (Dr./Mr./Ms.etc.)				(First Name)			
(511/111/11316661)					1		
His/Her Occupation						ncome in s.	
5 Address	Correspondence Ac	ldress	P		ent Addres fferent)	s (if	
Town or City State							
Postal Code							
Country							
Telephone							
Mobile -							
Fax							
E-mail							
6.1 If you belong to a Schedule Caste or Schedule Tribe, mention category and name of the community and attach the relevant documents (Category) (Name of Community)				ents			
6.2 Are you a person with disability? Yes/No If yes, please attach supporting documents							
7. Languages Known							
Language	Speak	Read			Write		
8. Local Contac	ct in Mumbai City		1				
Title (Dr./Mr./Ms.etc.)	(Last Na	ame)		(First Name)		
Relationship			ı				

Address	Correspondence Address	Permanent Address (if different)
Town or City		
State		
Postal Code		
Country		
Telephone		
Mobile		
Fax		
E-mail		

9. State Particulars of all Examinations Passed from SSC onwards

Exam Passed	Name of School / College and Place	University / Board	Month and Year of Entry	Month and Year of Leaving	Class and Percenta ge in each year	Subject of Study (Underline Special Subjects)
S.S.C. or Equivalent						

Designation 11. If the Details in Columns 9 and 10 do not account for all the time from the date of passing the S.S.C. Examination to the date of this application, the unaccounted period should be explained below **Period unaccounted** How was this time spent? 12. Why do you want to enroll for this Diploma Programme? Please prepare a statement of purpose (500 - 1000 words) 13.1 Please mention any trainings or courses that you have undertaken on disasters or psychosocial care (please add sheets if necessary) 13.2 Please list your hobbies and interests, if any 14. Do you need hostel accommodation? Yes No 15. Financial Resources Source from which you expect Period for which you are **Amount** to receive financial support expected per guaranteed this support during the period of training month

10. Give Details of your Past and Present Paid Employment, Volunteer Work

Period

From

To

Reason for

Leaving

Nature of

Work and

or Internship/Fieldwork, if any:

Place of

Employment

Name of

Employer

16.	. Where did you learn about this Diploma programme from?
	Newspapers (please specify which)
	TISS Website
	Internet Groups / Email (please specify which)
	Leaflets
	Friends
	Any other (please specify)
ap _l Ca	Check if you have enclosed the following documents in support of your plication. Only attested copies need to be attached to the application. Indidates will be required to produce original degrees, diplomas, tificates and testimonials only at the time of interview.
☐ lea	Copy of a document giving proof of date of birth (for e.g., birth certificate, school-ving certificate, etc.)
	Three photographs (Name on the reverse)
	Copy of Bachelor's Degree Certificate
	Copy of Bachelor's degree marks / grade certificate
	State of purpose referred to in item 12
	Caste / Community Certificate, if applicable
	Disability Certificate, if applicable
	Fees challan with fees details
Any (ix)	y other :
(x)	
(xi)	
and any	CLARATION: I certify that the information given in this application is complete d accurate to the best of my knowledge and that I have not been disqualified by university for any examination or for seeking admission for any course of study. If mitted, I agree to abide by the rules and regulations of the Institute.
	PLACE DATE (DD/MM/YYYY) SIGNATURE OF APPLICANT