Tata Institute of Social Sciences

PROFESSIONAL AND PERSONAL LEADERSHIP
International Certificate in Theme Centred Interaction

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)
Challan No. ___________________ Date: ________________
Branch ___________________________________________

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-400088.

Staple your recent Passport Size Photograph. Write your full name on the back of the photograph for verification

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

2. Marital Status: Single / Married / Widowed / Divorced / Separated

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: __________________ Email 
Contact No. (in case of emergency): __________________________

__________________ Checked by _______________________
_________________________________________________________________________________________
_________________________________________________________________________________________ 
_________________________________________________________________________________________
7. Mother Tongue:____________________________________________________________________________

8. Languages Known:

<table>
<thead>
<tr>
<th>Languages</th>
<th>Speak</th>
<th>Read</th>
<th>Write</th>
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9. State of Domicile:________________________________________________________________________

10. Have you done a TCI Workshop before? Yes / No
    If yes, specify__________________________________________________________

11. (a) Are you employed at present? Yes / No
    (b) Position:.
    (c) Describe your current duties.

12 Why do you wish to join this programme?
13. Academic Background S.S.C. onwards (Please attach all the true copies of mark sheets and degree certificates).

<table>
<thead>
<tr>
<th>Exam. Passed</th>
<th>Name of School/College and Place</th>
<th>Board/University</th>
<th>Year of Entry</th>
<th>Year of Leaving</th>
<th>Subjects of Study (underline special subjects)</th>
<th>Marks Obtained out of Maximum Marks</th>
<th>Class/Percentage</th>
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<td>S.S.C. or (equivalent)</td>
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<td>HSC</td>
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<td>Any other</td>
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14. Work Experience (Please attach all the certificates)

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<thead>
<tr>
<th>Name of Employer</th>
<th>Place of Employment</th>
<th>Designation and Nature of Work</th>
<th>Period</th>
<th>Reasons for Leaving</th>
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<td>From</td>
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15. Attach photocopy of all documents such as degrees, diplomas, certificates and testimonials in support of your application.

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

i) Fees paid Challan Rs. 1000.
ii) Copy of Birth Certificate / Extract.
iii) Three Photographs (name on the reverse)
iv) 
v)

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**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 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 : __________________________________________________________________________________

Phone : __________________________ (No./ Name of Building) (Town) (State) (Pin Code)

_________________________ (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 : __________________________________________________________________________________

Phone : __________________________ (No./ Name of Building) (Town) (State) (Pin Code)

_________________________ (Signature) __________________________ (Date) __________________________ (Seal of Organisation)