SBI Journal No.:





APPLICATION FORM PROCESSING FEE	7	Date:	
For Indian Students: Rs. 1000/-		Bank & Branch:	
For International Students: US \$50		Amount Rs.	
APPLICATION FORM FOR A	ADMISSION TO		
The Direct Ph.D. Programme			
(Please √ tick any one only)			Paste your recent Passport size
Habitat Studies	Social	Sciences	(34.9 X 46.57 mm) Photograph. Write
Health Systems Studies	Social	Work	your full name on the back of the
Management & Labour Studie	es Disast	er Management	photograph for identification.
Library Sciences	Media	and Cultural Studies	S
Development Studies			
Education (Please choose an	y one campus)		
☐ TISS Mumbai ☐ TISS Hy	• • • •		
Women's Studies (Please cho		uls)	
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NSTRUCTIONS			
 Information regarding the programme this form. 	in the information broc	chure should be read care	efully before filling up
2. No application will be considered unle	•	·	
The Application Form Processing Fee and the Journal No. is to be entered			of India through Challai
4. Nama			
1. Name	No. 200	/F: -1.N	
Title (Mr./Ms., etc.) (Last N	vame)	(First Na	ame)
2 (a) Place of Birth	(b) D	Pate of Birth	
3. (a) Nationality	(b) S	tate of Domicile	
I. Father's/Mother's/Spouse's Name			
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Title (Mr./Ms., etc.) (Last N	vame)	(First Na	ame)
His/Her Occupation		 Δηηιμα	I Income in Rs



APPLICATION FOR ADMISSION PAGE 2 OF 4

5.	Address	Address for Correspondence	I	Perma	nent Address (if different)	ı
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6.	Category (PLE	ease Tick $$ the appropriate box)				
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	(ii) SC	;				
	(iii) ST					
	(iv) OB	BC (NC)				
	(v) KM	1				
	(vi) PW	VD LV/VI HI LD/CP				
	` /					
		SC: Scheduled Caste; ST: Scheduled				
		Migrant; PWD: Person With Disability; LV : r Disability; CP: Cerebral Palsy	LOW VI	sion; VI: Visually	Impaired: HI: Hearing Impa	irment;
7.	Financial Res	ources				
		es from which you expect to receive al support during the period of study		unt expected er month	Period for which you are guaranteed this support	
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State particulars of all examinations passed from S.S.C. upward

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Subjects of Study (underline special subjects)								
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9. Give details of your past and present paid employment, if any:

Name of Employer	Place of Employment	Nature of Work	Per	iod	Reason for
			From	То	Leaving
). If shortlisted, will you be	able to submit a pern	nission from your curren	t employer or	organisatio	n? □Yes □
			t employer or d	organisatio	n? ☐Yes ☐
. Which field of study are	you interested in? Gi				n? □Yes □
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(e) Objectives, methods and scope of the proposed study.

DECLARATION

I certify that the information given in this application is complete and accurate to the best of my knowledge and that I have not been disqualified by any University for any examination or for seeking admission for any course of study. If admitted, I agree to abide by the rules and regulations of the Institute.

PLACE	DATE (DD / MM / YYYY)	SIGNATURE OF APPLICANT