



ADMISSION APPLICATION FORM

SCHOOL OF VOCATIONAL EDUCATION

TATA INSTITUTE OF SOCIAL SCIENCES

Room No 405, G-10 Building, Naoroji Campus,
Deonar Farm Road, Deonar, Mumbai-400088, Maharashtra, India
www.sve.tiss.edu/ www.tiss.edu Phone- 0091-22-25525602/5603

3.5cm/3.5cm
Photograph
Cross-signed
by Self
From Below*

Application Number:

(To be assigned by the Hub)

IMPORTANT INSTRUCTIONS

1. Please fill in **BLOCK LETTERS** only. Write within the space provided only.
2. Please use only ballpoint pens with **BLACK** ink or **BLUE** ink only.
3. Wherever options are provided tick (**✓**) only 1 appropriate option unless mentioned otherwise.
4. All fields marked with * are compulsory.
5. All Document Enclosures (Page 5), unless mentioned as "Original", copies are to be attested by Gazetted officials only.
6. Failure to abide by instructions given here either in part or full will lead to rejection of application form without communication.
7. Section 10: "Declaration by the Applicant" will need to be printed separately and handed over to the Training Hub Partner.
8. **If any information is found to be false at any given point of time, TISS and TISS-SVE reserve the right to cancel admission and/or cancel certification issued, whichever is applicable.**

SECTION 1

PERSONAL DETAILS

1.	Title*	Mr./ Ms.
2.	First Name*	
	Middle Name	
	Last Name*	
3.	Date of Birth* (DD / MM / YYYY)	
	Age*	

SECTION 2

COURSE DETAILS (Please take the assistance of the Hub here)

1.	Course Name*	
2.	Course Duration*	
3.	Hub Chosen*	
4.	Location*	
5.	Academic Year*	

SECTION 3

ADDITIONAL PERSONAL INFORMATION

1.	Gender*	Male / Female / Others	
2.	Category*	SC/ST/OBC/GEN/Other	
3.	PWD (Person with Disability)*	Yes/ No	
	If Yes, please select options (multiple selections allowed)	OH/HH/VH/Other	
	Additional information (Eg. handedness, colourblindness)		
4.	Blood Group	A+/A-/B+/B-/O+/O-/AB+/AB-	
5.	Mobile No.*	0091	
6.	E-mail		
7.	Have you had a name change before?*	Yes / No	
	If yes, previous name details		
	First Name		
	Middle Name		
	Last Name		

SECTION 4

FAMILY DETAILS

1.	Marital Status*	Single / Married / Widowed / Separated / Divorced	
	If Married, spouse details		
	Title	Mr./ Ms.	
	First Name		
	Middle Name		
	Last Name		
2.	Details of Mother		
	Surviving	Yes/No	
	Title	Mr./ Ms.	
	First Name		
	Middle Name		
	Last Name		
	Mobile number	0091	

4.	Details of Father*			
	Surviving*	Yes/No		
	Title*	Mr./ Ms.		
	First Name*			
	Middle Name			
	Last Name*			
	Mobile No.*	0091		
5.	Number of Surviving Siblings			
6.	Annual Family Income*	Rs.		
7.	State of Original Domicile*			
8.	Address:*			
	Plot No., Building Name*			
	Street, Locality,*			
	State*			
	District*			
	Village/Town/City			
	Closest India Post Office*			
9.	Landline No.*	0091	(STD Code)	

SECTION 5

EMERGENCY CONTACT DETAILS

1.	Title*	Mr./ Ms.		
2.	First Name*			
	Middle Name			
	Last Name*			
3.	Relationship*	Father / Mother / Brother / Sister / Grandparent / Uncle / Aunt / Neighbour at native		
4.	Language Spoken by the Person*			
5.	Mobile No.*	0091		
6.	Landline No.*	0091	(STD Code)	

SECTION 6

QUALIFICATION*

School Drop-out/ Std. 10th/ Std. 11th/ Std. 12th/ Diploma/ Bachelor/ Masters/ M.Phil./ Doctorate/ Post-doctorate*

If "School Drop-out", Standard studied upto : _____.

For the highest qualification declared, kindly fill the details in the following table and enclose both Pass Certificate and Cumulative Marksheets*

Name of Examination	Specialisation (if any)	Duration of Study (in years)	Board/University	Name of Institution Attended	Batch (Year)	Subjects Undertaken	Total Marks Obtained/Total Marks Achievable

SECTION 7

DO YOU HAVE ANY WORK EXPERIENCE?*

If yes, please fill the following table

S. No	Status	Designation	Duration	Employer
1.	Current/Past			

SECTION 8

LANGUAGES KNOWN

Language	Speak	Read	Write

SECTION 9

DOCUMENT ENCLOSURES

Note: Whichever applicable tick (✓) only 1 appropriate option in corresponding box/space.

1.	TISS Copy of fee challan*	ORIGINAL	NA
2.	Attested copy of Government issued Photo identity card*	Permanent Account Number (PAN) ID/Driving License/ Passport/Aadhar/Voter ID/ Ration Card with photo of Self	
3.	If caste is other than GENERAL, Caste certificate	Attested Copy	NA
4.	If caste is other than GENERAL, Income Certificate	Attested Copy	NA
5.	If applicable, Proof of disability	Attested Copy	NA
6.	If applicable, Name change certificate	Attested Copy	NA
7.	Documents related to highest qualification declared in SECTION 6*	Attested Copies	NA
8.	Current employment related declaration	ORIGINAL	NA
9.	School Leaving/Transfer Certificate (Compulsory for full-time programme such as B.Voc)	ORIGINAL	NA

KINDLY PROCEED TO NEXT PAGE FOR SECTION 10: DECLARATION BY THE APPLICANT*

FOR HUB PARTNER USE ONLY					
Date of Receipt	Verified by	Batch allotted	Date of Scheduled joining	SKP Proposed (Name, Location)	Signature with date and seal

SECTION 10

"DECLARATION BY THE APPLICANT"*

I, _____, hereby certify that the information provided in the "Admission Application Form" is complete and accurate. I have not been disqualified by any university or other institution from appearing for any examination or from seeking admission for any programme of study. Further, I agree that the Institute has the right to cancel my admission and/or withdraw the Certification awarded to me if the Institute finds that the information in this application is incorrect and/or misleading at any point of time. I also agree that on being admitted, I shall abide by the rules of attendance requirements, discipline, conduct, hostel, etc., of the Institute and any modification to the rules, as may be made from time to time, after my admission. I hereby state that the Institute has the right to verify the certificates/information provided by me, in any case howsoever, if any certificate provided is declared invalid upon verification then the Institute shall have the right to cancel my admission forthwith.

I, understand and admit that I am a student of TISS and shall intern with a company/organization as a part of my course curriculum for B.Voc. Degree. I further confirm that under no circumstances shall I claim employment with the company/ organization where I shall be placed for such internship.

***This clause shall be applicable only if the above mentioned is a student/trainee with the company/organization.**

This is also to confirm that I am enrolling as an individual and I am solely responsible for paying of fees on time as per the deadlines.

I fully understand that there will be no refund of the fees paid by/on behalf of me under any circumstance whatsoever.

Place:

Date:

Signature of the Applicant