



जनसंख्या विज्ञान का अन्तराष्ट्रीय संस्थान
(विश्वविद्यालय समतुल्य)

**INTERNATIONAL INSTITUTE FOR POPULATION SCIENCES
(DEEMED UNIVERSITY)**

Govandi Station Road, Deonar, Mumbai-400 088
(Telegraphic Address : DEMOGRAPHY, Chembur, Mumbai)

Affix a recent
Passport size
Photograph here

APPLICATION FORM

Name of the course applied for : _____

1. Name in full : Mr./Ms. _____
(In block letters)

(a) Father's/Husband's Name : _____

(b) Mother's Name : _____

2. Sex: _____ 3. Nationality: _____ 4. Marital Status: _____

5. (a) Present Address : _____
(to which communications
should be sent)

Telephone / Fax / E-mail : _____

(b) Permanent Address : _____
(if different from above)

Telephone / Fax / E-mail : _____

6. Date of Birth : _____ (In words _____
Day Month Year

7. Place of Birth : _____

8. Are you a member of
Scheduled Caste or
Scheduled Tribe ? Yes No
Schedule Caste /Tribe

Sub-Caste: _____
(Please attach Certificate from the Authority)

9. ACADEMIC RECORD

Give particulars of all examinations and degrees obtained

Exam/Degree	Board / Institution University	Month & Year of Passing	Division/Class with Percentage of Marks	Subject (s) offered

10. Employment RECORD (if any): (If currently working, enclose a No-Objection Certificate from your employer)

Employer	Post Held	From (Date)	To (Date)	Salary last Drawn	Reason for leaving the post

11. Have you published any papers? If so, give the list of your publications, with details.

12. Will you be sponsored for the Course, by your Institution?

Yes

No

If yes, employer should fill In the last page.

13. Do you require Fellowship? (Please see note 7).

Yes

No

14. Give reasons In brief as to why you seek admission and what do you expect to gain by this training.

15. Give names, occupations/positions and addresses of two referees, other than your relatives, who are in a position to give information about you and your work.

(I) _____ (II) _____

DECLARATION BY THE APPLICANT

I hereby declare that all statements made In this application are true, complete and correct to the best of my knowledge and belief.

Place: _____
Date: _____

Signature of the Applicant

IMPORTANT

1. INCOMPLETE FORM WILL BE SUMMARILY REJECTED
2. These Instruction shall be read with the Instructions as appeared in the advertisement, if any.
3. Application should be sent by Registered Post to the Asstt. Registrar (Academic), International Institute for Population Sciences (UPS), Govandi Station Road, Deonar, Murhbai-400 088, so as to reach on or before the closing date.
4. Any change of address should immediately be communicated to the Asstt. Registrar (Academic), International Institute for Population Sciences (UPS), Govandi Station Road, Deonar, Mumbal-400088.
5. Applicants should send with their applications attested copies of their degrees or other certificates in support of their educational qualifications and of their Matriculation certificate or equivalent In support of their declaration of age. The candidates in employment should enclose a No-Objection Certificate from his/her employer.
6. In case of sponsored applicants where the financial liabilities have to be borne by the sponsoring agency, the Employer should furnish the official statement of sponsorship and provisions and should fill up the form given overleaf.
7. Fellowship may be given to the deserving candidates only if the Institute has the provision.
8. Only selected candidates will be Informed by the Office. No Interim correspondence will be entertained.
9. If the applicant Is a foreign national, the application should be routed through proper channel.

FOR USE IN CASE OF SPONSORED CANDIDATES ONLY

(To be filled and certified by the Employer)

In case the candidate is selected for the training at the International Institute for Population Sciences, Mumbai, whether the State or Central Government or any other agency with whom the applicant is working:

(a) will relieve him / her Yes No

(b) will provide him / her deputation allowance and pay during the period of training?
 Yes No

If yes,

Deputation allowance (per month) Rs.

Pay (Including allowances) which the applicant will be drawing per month during the training Rs.

(c) Will bear the cost of field Survey, travel cost for study tour etc. Yes No

Certified that Mr./Ms. _____

holds a post in this Department/Office/Institution/Organizatlon and that me statements made by him/her in this form are correct to the best of my knowledge and belief. I recommend his/her admission to the training programme of the Institute.

Signature : _____

Designation : _____

Department/
Office/
Institution/
Organization : _____

Place : _____

Date : _____

(Office Stamp)