International Diploma in Mental Health, Human Rights and Law

APPLICATION FORM

2020 - 2021

Last date of application - 30th June 2020
Please fill up all the relevant information.

The duly completed admission form may be submitted ONLINE or a printed copy may be completed and sent by post to the address given below.

POSTAL ADDRESS:

Mrs. Shubhangi Puranik
ILS Law College, Law College Road,
Pune - 411004 Maharashtra, India

PERSONAL DETAILS

Title ________________________________________________

First Name _________________________________________

Middle Initial ______________________________________

Last Name __________________________________________

Male _________ Female _________ Nationality______________________

Date of Birth (day/month/year) ____________________________

E-mail address ________________________________________

Phone No. with Country Code and area code:

Residence __________________________________________

Office _____________________________________________

Mobile _____________________________________________

Postal Address:

Residence __________________________________________

Office _____________________________________________

Permanent Address (If different than above-mentioned residence address) ____________
Disability / special needs – If you have any disability or special needs – Y/ N

If yes, then mention details

How did you know about this diploma?

☐ Internet  ☐ From a past student of the Diploma  ☐ From a Faculty member

☐ Newsletter  ☐ Email from colleague/friend/teachers  ☐ Other

EDUCATION (mention undergraduate and post graduate qualifications)

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<th>UNIVERSITY</th>
<th>DEGREE</th>
<th>GRADE</th>
<th>YEAR</th>
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WORK EXPERIENCE

Please list your positions in reverse chronological order, starting with yours current one. If all positions are in the same organization, please list the promotional sequence.

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<thead>
<tr>
<th>NAME OF ORGANIZATION</th>
<th>TITLE OR POSITION</th>
<th>FROM (month/year)</th>
<th>TO (month/year)</th>
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STATEMENT OF PURPOSE

The Admissions Committee members will read your statement with great care. Your statement should be written by you alone and represent your original work. The statement should be typed, double-spaced, and no more than 250 words.

In your statement please discuss:

- Your background: how your experiences (education, work, etc.) have prepared you for this program;
STATEMENT OF PURPOSE

The Admissions Committee members will read your statement with great care. Your statement should be written by you alone and represent your original work. The statement should be typed, double-spaced, and no more than 250 words.

In your statement please discuss:

- Your background: how your experiences (education, work, etc.) have prepared you for this program;
- Your objectives in taking this program: your professional goals, interests you have;
- Your decision in applying to this program: why you think there is a good fit between your objectives and our program.

PLEASE ATTACH SEPARATE SHEET FOR STATEMENT OF PURPOSE IF YOU ARE FILLING AN APPLICATION FORM ON PAPER

LANGUAGE PROFICIENCY For English Language only.

You can grade yourself by ticking the appropriate boxes

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<th>SPEAKING</th>
<th>WRITING</th>
<th>READING</th>
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<td>Basic</td>
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<td>Working</td>
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<td>Fluent</td>
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FEES

Tuition fees for international students are USD 7000.

A limited number of students of Indian origin and residing in India will be offered a reduced tuition fee of Rs. 1,20,000.

Full tuition payment for those accepted into the program is due no later than 31st August 2020.

Those students accepted for the program will be notified with necessary instructions regarding payment at the time of their confirmed participation in the program.

Please mention who will make payment for your tuition fees

Self ______________ Sponsoring Organization ____________________

(Please fill in details of sponsoring organization at the end of this form)
# NAME AND ADDRESSES OF TWO REFEREES

1. Name ____________________________________________
   Address __________________________________________
   Email _____________________________________________
   Phone _____________________________________________

2. Name ____________________________________________
   Address __________________________________________
   Email _____________________________________________
   Phone _____________________________________________

# TWO LETTERS OF RECOMMENDATIONS

(Attach separately)

## DECLARATION

I confirm that the information given in this form is correct and complete.

I accept that the ILS has the right to cancel my application if information given by me is false or fortified. I have read all instructions mentioned in the prospectus including this and I agree to abide by those instructions.

Applicant’s signature ________________________________ Date ___________________________
Need to be filled by student who is being sponsored

**SPONSORING ORGANIZATION**

(Name of Sponsoring Organization) nominates the candidate for the diploma program. It is understood that this candidate, if admitted, will be allowed to participate in the program. The sponsoring organization shall be responsible for payment of the program fee.

**Sponsor’s Information**

Please list information for contact within your sponsor’s organization

Title

First Name

Middle Initial

Last Name

Position

E-mail

Address

Signature

Seal / Stamp of the Organization