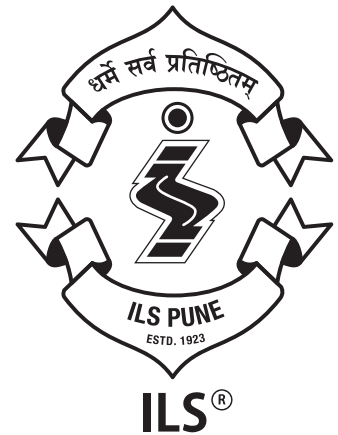


**CMH** Centre for  
Mental Health  
Law & Policy



**INTERNATIONAL DIPLOMA IN MENTAL  
HEALTH, HUMAN RIGHTS AND LAW**

**APPLICATION FORM**

**2021 - 2022**

*This year, due to Covid-19 we have decided to cancel all residential sessions. The course will be conducted ONLINE.*

**Last date of application – 31<sup>st</sup> July 2021**

## 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

Applicants can also email a scanned copy of their application form and relevant documents to **info@cmhlp.org**

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## PERSONAL DETAILS

Title \_\_\_\_\_

First Name \_\_\_\_\_

Middle Initial \_\_\_\_\_

Last Name \_\_\_\_\_

Gender \_\_\_\_\_ 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 the residence address mentioned above) \_\_\_\_\_

\_\_\_\_\_

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)

UNIVERSITY	DEGREE	GRADE	YEAR

## WORK EXPERIENCE

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

NAME OF ORGANIZATION	TITLE OR POSITION	FROM (month/year)	TO (month/year)

## 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 YOUR STATEMENT OF PURPOSE AS A SEPARATE SHEET, IF FILLING THE APPLICATION FORM OFFLINE.

## LANGUAGE PROFICIENCY For English Language only.

You can grade yourself by ticking the appropriate boxes

	SPEAKING	WRITING	READING
Basic			
Working			
Fluent			

## COURSE FEE

Tuition fee for international students is **USD 4200** (Inclusive of all applicable taxes).

A limited number of students of Indian origin and residing in India will be offered a reduced tuition fee of **INR 50,000** (Inclusive of all applicable taxes).

We strongly encourage participants from **low- and middle-income countries** to apply for this course. Please let us know in your Statement of Purpose if you'd want us to consider a fee reduction for your application.

Full tuition payment for those accepted into the program is due **no later than 15<sup>th</sup> September 2021**.

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 the 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 \_\_\_\_\_

## A LETTER OF RECOMMENDATION (Please attach this 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 \_\_\_\_\_

Needs 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