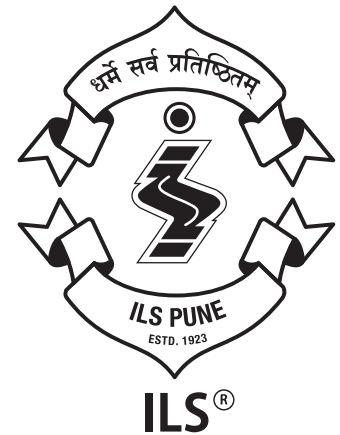


**CMH** Centre for  
Mental Health  
Law & Policy



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

**APPLICATION FORM**

**2022–2023**

Last date of application – 31<sup>st</sup> August 2022

The duly completed admission form may be submitted **ONLINE** or a printed copy may be sent by post to the following address:

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

Applicants can also email a scanned copy of this application form with relevant documents to [info@cmhlp.org](mailto:info@cmhlp.org)

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## PERSONAL DETAILS

Title \_\_\_\_\_

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

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

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

Male  Female  Other (Please specify) \_\_\_\_\_ Prefer not to say

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, please mention details \_\_\_\_\_

### How did you know about this Diploma?

- Social media/our website       Past student of the Diploma       Faculty member
- Newsletter/Emailer       Other (Please specify) \_\_\_\_\_

## EDUCATION (mention undergraduate and post graduate qualifications)

UNIVERSITY	DEGREE	GRADE	YEAR

## WORK EXPERIENCE

Please list all positions held in 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 motivations for applying for this program: your professional goals, interests
- Your decision to apply to this program: why you think there is a good fit between your objectives and our program

PLEASE ATTACH A 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

	SPEAKING	WRITING	READING
Basic			
Working			
Fluent			

## FEE

Tuition fees for international students are **USD 4360** (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 **Rs. 60,000** (Inclusive of all applicable taxes).

For applicants accepted into the program, a full tuition fee payment is due **no later than 30<sup>th</sup> September 2022.**

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 \_\_\_\_\_

## 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 \_\_\_\_\_

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