### **National Institute of Social Defence**

#### Old Age Care Division

## **Ministry of Social Justice & Empowerment**

### **Government of India**

	<b>Application Form</b>	Form No				
PG Diploma In Integrated Geriatric Care {{						
(i) Name: (in Block	( Letters)		Affix a good quality coloured, recent stamp size photo duly attested by a			
(ii) Sex MALE FEMALE  Signature of Candidate  (iii) Father's/Husband's Name: (In Block letters) (Please specify)						
(iii) Father Synusband	s Name. (III block letter	is) (Flease spec				
(iv) Mother's Name: (In Block letters)						
(v) Date of Birth: (as stated in Matriculation/ Secondary Exam. Certificate)						
(vi) Nationality:						
(Vii) Full Postal Address With Tel. No. ,if any						

PinCode			
(viii) Permanent Address with Tel. No., if any:			
Pin Code			
(ix) Please indicate category to which belong:			
□ General			
□ Scheduled Caste			
□ Scheduled Tribe			
□ Other Backward Classes			
□ Physically Handicapped			
(x) Centre for CAT NEW DELHI			

# (xi) Educational Qualification: (in chronological order)

S. No	Course	Year From To	Board/Univ.	Subjects studied	% of Mar ks Obtd
					•

(xii)Technical Qualification:				
(xiii) Work Experience:				
(xiv) Extra-Curricular Activities:				
Declaration:				
my knowledge and belief. I have read the terms and conditions therein. In the ever application form, I understand that I will already admitted my admission is liable to	ed above in the application form are true to the best of instructions in the booklet and shall fully abide by the of suppression or distortion of any fact made in my be denied the opportunity to appear in the CAT and if for cancellation. I understand that the decision of the d I shall abide by the decision. Further, if admitted, I scipline of the NISD.			
Place:				
Date:				
(Name of the Parent/Guardian)	(Signature of the Applicant)			
	(Counter signed by Parent/ Guardian)			