



MANAGEMENT DEVELOPMENT INSTITUTE
School of Public Policy and Governance
 M.G. Road, Sukhrali, Gurgaon-122007 (Haryana), India
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DEPARTMENT OF PERSONNEL & TRAINING
 Government of India
 Block IV, Old JNU Campus, New Mehrauli Road, New Delhi-110 067
 Phone : 011 - 26107957, Fax : 011 – 26107962 www.persmin.nic.in

APPLICATION FOR ADMISSION IN

7th POST GRADUATE PROGRAMME IN PUBLIC POLICY & MANAGEMENT (2012-14)

(Programme Commences on **November 19, 2012** Last date of receiving application is **August 30, 2012**)

(For DoPT sponsored candidates)

Office use

| | |
|-------------------|--|
| Form No | |
| Date of Receiving | |

PART-A

| 1. PERSONAL DETAILS | | | | | | |
|---|---|---|---|------------------------------------|---|---|
| Title (Mr/Ms/Dr.) | | | | | | Paste a recent passport sized photograph |
| Full name in block letters (First name, Middle name, Surname) | | | | | | |
| Father's full name | | | | | | |
| Mother's full name | | | | | | |
| Gender (Put \surd) | Male <input type="checkbox"/> | Female <input type="checkbox"/> | | | | |
| Date of birth | <input type="text"/> <input type="text"/> DD | <input type="text"/> <input type="text"/> MM | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year | Age as on 1 st Nov 2012 | <input type="text"/> <input type="text"/> MM | <input type="text"/> <input type="text"/> Year |
| Nationality | | | | Religion | | |
| Caste category (Put \surd) | General <input type="checkbox"/> | OBC <input type="checkbox"/> | SC <input type="checkbox"/> | ST <input type="checkbox"/> | | |

| 2. MINISTRY/DEPARTMENT DETAILS | | | |
|--|-------|-----|-----|
| Name of the Ministry / Department | | | |
| Designation | | | |
| Office Address | | | |
| | State | | PIN |
| Telephone Nos | | Fax | |
| Service cadre with year of allotment | | | |
| Length of service in Group-A | | | |
| Are you presently on deputation to the Govt. of India (Yes/No) | | | |
| If yes, from which date | | | |
| Date of completion of tenure? | | | |

| 3. ADDRESS FOR CORRESPONDENCE | | | | | |
|-------------------------------|--|-------|--|--------|--|
| Address | | | | | |
| | | | | | |
| City | | State | | PIN | |
| Tel No | | | | Fax No | |
| Mobile Number | | | | | |
| Email ID | | | | | |

| 4. ACADEMIC RECORD | | | | | |
|--------------------|-------------------------------------|---|--|----------------------------|----------------------------|
| Sr No | Examination/ Degree/ Diploma passed | Name of the Board/University/ Institution | Passing Percentage/ Grade/ Division/CGPA | Year of Joining The Course | Year of Passing the Course |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |

| 5. DETAILS OF WORK EXPERIENCE | | | | | | |
|-------------------------------|-----------|--------------------------|--------|----|-----------|--------------------------|
| Sr No | Post held | Department/ Organization | Tenure | | Pay Scale | Nature of responsibility |
| | | | From | To | | |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |

Total experience (in years)

| 6. DETAILS OF IN-SERVICE TRAINING PROGRAMS ATTENDED (IN INDIA & ABROAD) [Duration should be at least two weeks or more] | | | | |
|--|-------------------------------------|--------------------------------|------|---------------------|
| Sr No | Name of Course / Training Programme | Name of the Institution/ Place | Year | Duration (in weeks) |
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |

7. Additional Information:- (please attach separate sheets regarding the following)

- i. Area of specialization:- Please list area(s) within the realm of public policy that you would like to specialize in and explain your interest in your chosen area.
- ii. Briefly describe your job responsibilities and your achievements at your work place.
- iii. What are your career goals and how does this program fit in with your plans.
- iv. Briefly describe your publications, leadership roles, community work or any other work you consider significant for your proposed study.
- v. Is there any other information that you would like to provide about yourself?
- vi. Please submit an essay of about 1000 words on your chosen area of interest alongwith this application. The essay should focus on the following:
 - a. A public policy issue that you think is important.
 - b. Key dimensions of the public policy issue.
 - c. Appropriate and implementable solution

8. DECLARATION

I certify that the information given in this application form is correct and true to the best of my knowledge. I agree to abide by the decision of the authorities regarding my selection to the programme.

Place:

_____ (Signature)

Date:

Instructions:

- *The application form is to be sent through the sponsoring authority.*
- *However, you may kindly send the advance copy directly to Joint Secretary (Trg), Department of Personnel and Training, Government of India, Block-4, 3rd Floor, Old JNU Campus, New Delhi-110067 as well as to Chairperson (Admissions) Management Development Institute, Mehrauli-Gurgaon Road, Sukhrali, Gurgaon-122007 (Haryana).*
- *Please ensure that this application is routed through the Sponsoring Authority so as to reach DoPT (Training Division) latest by 30th August 2012.*
- *The application envelop should be superscribed as “Application for admission in 7th PGP-PPM (2012-14) at MDI, Gurgaon”*

PART - B

(For the use of the Sponsoring Authority only)

| | | | |
|--|------------------------------|-----------------------------|--|
| 1. Is there any vigilance case pending or contemplated against the officer? (put ✓) | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| If YES, please give details: | | | |
| 2. Is there any standing adverse entry against the officer? (put ✓) | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| If YES, please give details: | | | |
| 3. Is the applicant's overall ACR grading "Very Good"? (put ✓) | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| If NO, please give details: | | | |
| 4. Whether cadre clearance has been obtained? (put ✓) | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| (For officers, who would be completing their deputation tenures prior to joining the PGP-PPM? In such cases, clearance of the State Government/Parent department has to be obtained) | | | |
| Has the candidate been offered a central deputation also? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| If selected, will the candidate be released for the Programme? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |

SPONSORING AUTHORITY

| | |
|--|--|
| Name of the sponsoring authority (Department/Ministry) | |
| Contact person | |
| Designation | |
| Address | |
| Tel No | |
| Fax No | |
| Email ID | |

Place:

(Signature of the Sponsoring Authority)

Date: