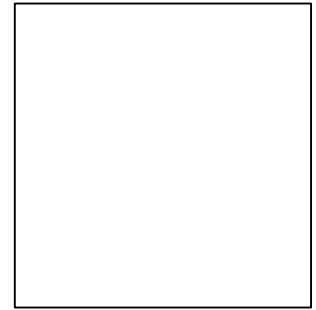# INTACH
Heritage Academy

Application Form

Post-graduate Programme in Heritage Studies

2024 - 25

Part I Personal Details

Applicant's Name

Middle Name

Surname

Permanent Address

Pin Code

Phone Number

Correspondence Address ☐ same as above

If not please provide

Email ID

Nationality

Gender

Date of Birth

(dd/mm/yyyy)

Differently-abled   Yes/No

Name of Emergency Contact

Phone Number of Emergency Contact

Part II: Academic Background*

Degree 1

University

_____

Specialization

_____

Year of Completion

_____

Percentage/CGPA

_____

_____

Degree 2

University

_____

Specialization

_____

Year of Completion

_____

_____

Degree 3

University

_____

Specialization

_____

Year of Completion

_____

_____

Are you submitting a portfolio?   Yes/No

Please submit your portfolio as a pdf document attachment below in this form.

If it is too heavy, then send a hard copy.

Part III: Employment or Work History *(If applicable)*:

Name of Employer/

Company/Project

Nature of Job Designation _____

_____

Duration From:_____To: _____

Name of Employer/

Company/Project

Nature of Job Designation _____

_____

Duration From:_____To: _____

Name of Employer/

Company/Project

Nature of Job Designation _____

_____

Duration From:_____To: _____

Total Year(s) of Work Experience _____

Completing the Application: It is important that the application must be filled clearly since the decision/ interview will be based on the information provided in the form and in the Statement of Purpose written by the applicant.

The enrollment form should include:

1. Statement of Purpose

2. Sample of work / Portfolio

3. One original reference (from past employers/supervisors/professors)

4. Proof of educational qualifications (self-attested photocopies)

5. Curriculum Vitae

6. Identity Proof (Govt. Issued)

Kindly ensure that all enclosures are properly attached in the given order while sending the HARD COPY.

Declaration

1.   I declare that all information given in this application form and the attached documents are, to the best of my knowledge, accurate and complete.

2.   I consent that if registered, I will conform to the Statutes, rules and regulations of INTACH and the Academy.

Signature of Applicant   **Date**

_____   _____

For any further information, please contact:

Ms. Jaya Upreti: ihaprogram@gmail.com

Ms. Shruti Kumar: admn.iha@gmail.com