

## UNIVERSITY OF KERALA

## DEPARTMENT OF PSYCHOLOGY

Application for Admission to Post Graduate Diploma in Psychological Counselling(PGDPC)

(2024-25 batch)

Last date: 20<sup>th</sup> January 2025

Application No:	
Name of Applicant:	[]
Mode of Payment of Application and Registration feeDD/Pay-in-slipAmount:DD/Pay-in-slip No.:	Affix Passport Size Photograph here
Dated Bank:	
1. Name of the University Department to which application is being submitted and Name of the course (Refer prospectus)	
2. Name of Applicant (In block letters with initials last)	T.J.
3. Address to which communications are to be sent Telephone number if any E-mail address if any	
4. Permanent Address	
S. Age and date of birth (In figures and words)	
6. Sex	
7. Nationality	2.
8. Father's / Guardian's Name and Address	
9. Occupation and annual income of parent	
10. Mobile Number and E-Mail ID	



11. Have you bee fee concessio			olarship o	r			
12. Religion and	Caste						
13. Are you a Ma	triculate of t	his Univer	rsity				
14. Institution thr	ough which I	Matricula	ted with ye	ear			
15. If employed, (1) Organization (ii) No. of years of	-						
16. Educational	Qualificati	ions					
Examination Passed	Main Subject	Class/ Rank	% of Marks	Yea pass		College/ Institution	University
qualifications and	experience).	Registrat	ion fee (R	s.100)	) shal	with this application to 1 be remitted by DD in able at SBI, Kariavatt	nfavour of
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						my knowledge and be	.do hereby declare that lief.
Place:							
Date:	2	9	$( \cap$	Π		Sigr	nature of the applicant
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Date of Receipt of	application	7	8		Ð	2 m	
Date of admission	1.						
Admission No							
Remarks							

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Head of the Centre