

POST GRADUATE DIPLOMA IN PSYCHOLOGICAL COUNSELLING (PGDPC)

APPLICATION FORM

Application No:

NAME (In Capital letters) :				
SEX: M/F/TG		AGE & Date of Birth:		
CASTE:		COMMUNITY:		
Communication Address:				
Phone Number with E-mail ID:				
EDUCATIONAL QUALIFICATIONS				
Education	Subject	Percentage of marks	Division	Year of Passing
SSLC				
DEGREE				
PG				
(Attested copies of all certificates should be attached along with this application to prove qualifications and experience). Registration fee (Rs.100) shall be remitted by DD in favour of 'Head, Department of Psychology, University of Kerala' payable at SBI, Kariavattom				

Place:

Signature of the applicant

Date :