

CHRISTIAN COUNSELLING CENTER,

Sainathapuram, Vellore – 632 001, India

EIGHT WEEKS PG CERTIFICATE COURSE IN PSYCHOLOGICAL COUNSELLING APPLICATION

(Please mention course no..... and dates :)

Name (**IN CAPITAL LETTER**) :
:
Sex :
:
Age :
:
Marital Status :
:
Nationality :
:
Religion :
(If Christian, give denomination) :
:
Languages spoken fluently :
:
Address for correspondence :
(Please include contact phone No/Mobile :
No./Fax No. / Email ID) :
:
Present Position :
:
Educational Qualifications :
:
:
If sponsored, :
endorsement and address of sponsoring :
authority :
:
Are undergoing any psychiatric treatment? : Yes / No.
: If Yes, describe the nature of the treatment.
:
Enclosure (please tick) : 2 Page Statement
:
(Statement about your occupational background
and Why you want to do this course? And How
do you hope to use knowledge and competence
gain in your work.)

Date:

Signature of the applicant