



Hrudayaram

Rs: 200/-

**Community College of Counseling Psychology
Kannur University.
Mob. 9447278001, 8289952801**

Application for Admission to the PGDCP Course

Application No:

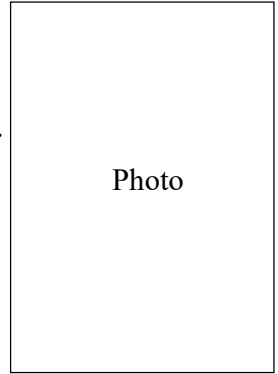
Name of the Applicant : (In block Letters).....

Gender Male Female

Date of Birth:..... **Age:** **Nationality:**

Religion **Cast / Community**

Qualification - Specify the Degree



(If the Degree is from outside Kerala, attach copy of equivalence certificate)

Permanent Address : (In block letters)

..... **Pin:**

Mobile : **Res:**

Address to which communications are to be sent : (In block letters)

..... **Pin:**

Mobile : **Whatsapp No:**

Email :

Annual Family Income :

Are you eligible for any reservation for admission ? Yes No

SC/ST, BPL, OBH, OBX, LC, Muslim, ETB, PH. - Specify the category.

(Attach Photo copy of relevant document and produce original at the time of interview)

CURRICULUM VITAE (Photo copies of Concerned Marklists of all semesters/Years should be appended and original should be produced at the time of interview

Name of Examination	Name of Institution / University	Year of Passing	Marks (Aggregate for subject including Language)	Total of Maximum marks for the subjects as in column 4	Total Percentage
SSLC					
Degree					
Anyother					

If you studied psychology paper in Degree /PG level, attach relevant copies of marklists.

What motivated you to join a counselling course?

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Undertaking

- I. I declare that the information given above is correct.
- II. I declare that, if I am admitted as a student, I shall abide by all the rules and regulations of the University and the college, those are in force from time to time.

Place: **Signature of Applicant:**

Date : **Signature of Parent/ Guardian:**

OFFICE USE ONLY	
Serial No:	Rank:
No. and Date of Challan/DD:	
Reserved or Unreserved:	Admitted/ Not Admitted
Registrar.....	