

Community College of Counseling Psychology, Kannur University. Ph. 04972 708001, Mob. 9496618759, 9447278001

Application for Admission to the PGDCP Courses

SL	No: Rs: 100/-					
1.	Name of the Applicant :(In block letters)	Photo				
2.	Male: Female: Date of Birth: Age Age					
3.	Nationality:					
4.	Religion Cast/Community					
5.	, , , ,					
	(If the Degree is from outside Kerala attach copy of equivalence certificate University)					
6.	Permanent Address: (In block letters)					
	Pin:					
	Mobile: Res:					
7.	Address to which communications are to be sent : (In block letters)					
	Pin:					
	Mobile: Res:					
	Email.					
8.	Annual Family Income:					
9.	Are you eligible for any reservation for admission?					
	SC/ST, BPL, OBH, OBX, LC, Muslim, ETB, PH. – Specify the category.					
	(Attach photo copy of relevant document and produce original at the tim	e of interview)				

appended and original should be produced at the time of interview)								
Name of Examination	Name of Institution / University	Year of passing	Marks (Aggregate for subjects including languages)	Total of maximum marks for the subjects as in column 4	Total Percentage			
SSLC								
Degree								
Any other								
 11. If learnt psychology paper in Degree/ PG level, attach relevant copies of mark lists. 12. What motivated you to attend a counseling course?: 13. 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:Signa			ature of Applicant:					
Date: Signature of parent / Guardian:								
OFFICE USE ONLY								
Serial No:Rank:								
No. and Dated Chelan/ DD:								
Reserved or Ur	nreserved:			Admitted / Not	Admitted			
Registrar								

CURRICULUM VITAE (Associated photo copies of mark lists of all semesters/years should be