



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

Application for Admission to the PGDLD Course

Application No:	
Name of the Applicant : (In block Letters)	
Gender Male Female	
Date of Birth: Age: Nationality:	
Religion Cast / Community	Photo
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 ?	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 subj ect including Language)	Total of Maximum marks for the subjects as in column 4	Total Percentage
SSLC					
Degree					
Anyother					

Are you a Teacher with 5 years experience		Yes		No	
Are you the Parent of a Child with Learning Dis	abilit	y Ye	es		lo
Did you complete MBBS/BHMS/BAMS		Yes		No	
Did you complete Graduation in Psychology		Yes		No	
Did you study Psychology as Subsidiary/Complementary Paper Yes No					
What motivated you to join a PGDLD?					

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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.....