

# CHRISTIAN COUNSELLING CENTER,

Sainathapuram, Vellore – 632 001, India

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## FOUR 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 :

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**