 Dr Prashantham Institute for Counselling Psychology

CHRISTIAN COUNSELLING CENTRE

**(Associated with Martin Luther Christian University)**

**APPLICATION FOR P.G CERTIFICATE COURSE IN COUNSELLING PSYCHOLOGY**

**(8 WEEKS, 400 HOURS, RESIDENTIAL)**

**(Please mention course no……….and dates …………..)**

# Name (IN CAPITAL LETTER) :

Gender **:**

Age **:**

Date of Birth **:**

Aadhaar Number **:**

Present Position **:**

Educational Qualifications **:**

Marital Status **:**

Nationality **:**

Religion **:**

(If Christian, give denomination)

Languages spoken fluently **:**

How did you come to know about our Institution? :

Full Current Address for correspondence **: *Street/ House No.:***

***City/Town:***

***State:***

***Zip:***

Permanent Address for correspondence **: *Street/ House No.:***

***City/Town:***

***State:***

***Zip:***

# Contact Details:

Mobile No. **:**

WhatsApp No, **:**

Email ID **:**

Name & contact details of two people **1.**

who knows you and recommend

**2.**

If sponsored **:**

Endorsement Letter and address of**:**

Sponsoring authority

Are you undergoing any psychiatric treatment? **:** Yes /No.

If Yes, describe the nature of the treatment.

Enclosure (please tick) **:** 2 Page Statement **(Attach as a separate two-page document)**

* Statement about your occupational background
* Why you want to do this course?
* How do you hope to use the knowledge and competence gained from this course in your work?

1. **Indian citizens residing and working in India:** This application form needs to be sent along with an application fee of **Rs 600/-**and you can arrange to send your application fee by way of Cheque or Demand Draft drawn in favour of The Director, Christian Counselling Centre, payable at Vellore on any bank . You can also send directly through your bank to Christian Counselling Centre, Bank account details of which are noted below. **Kindly send the reference of your payment to the CCC email** [**www.cccindia2000@gmail.com**](http://www.cccindia2000@gmail.com) **or through WhatsApp: +91 7094400039 so that we can check with our account department and send you the receipt.**

**BANK DETAILS**

**Current Account No :** 063402000006066

**Name of Bank :** Indian Overseas Bank, Sathuvachari Branch, Vellore – 632001. Tamil Nadu, India

**Account Holders Name:** Dr. Prashantham Institute of Counselling Psychology

**IFSC Code No :** IOBA 0001684

If you wish to pay through **Google Pay**, you can use “**Bank transfer**” under “**make a new payment**” and enter the above bank details.

# Date: Signature of the applicant