

VIDYASAGAR SCHOOL OF SOCIAL WORK

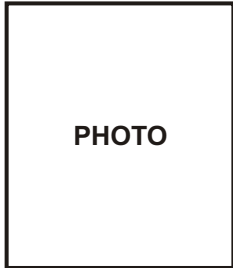
(VIDYASAGAR UNIVERSITY)

DD-18/4/1, SALT LAKE CITY, KOLKATA - 700 064

Application Form

ONE-YEAR POST GRADUATE DIPLOMA COURSE IN PSYCHOLOGICAL COUNSELLING

To
The Principal
Vidyasagar School of Social Work
(Vidyasagar University)
DD-18/4/1, Salt Lake City, Kolkata - 700 064



Sir,

I beg to apply for admission in the One - year Post Graduate Diploma in Psychological Counselling Course at Vidyasagar School of Social Work as a student for the session, 201..... to 201

Signature of the Applicant

Date.....

1. Name (in Block letter) :

2. Father's Name / Guardian's Name :
Husband's Name
(in case of married female student)

3. Sex : Male / Female

4. Date of Birth :
(With supporting documents)

5. Nationality :

6. Address for Communication :
.....
.....

Telephone :

7. Permanent Address :
.....
.....

Telephone :

8. Whether a SC/ST Physically Handicapped :
 (Attach Attested Copies of Certificate)

9. Statement of marks obtained at the different examinations
 (Attach Attested Copies of Mark Sheets)

Name of the examination	Board/Council University	Year of Passing	Subject	Div/Class	Total Marks obtained	% of Marks

10. Work / Field Experience

Name of the Organization	Post held	Tenure of work	Paid / Voluntary	Name of assignments

11. Other relevant information / Qualification :

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12. Name & Registration No. of the :..... year 201..... 201.....

DECLARATION BY STUDENT :

I do hereby declare that information provided in this form is true to the best of my knowledge and belief. If any of the above statements is incorrect or if it is found that I have in any way contravened the provisions of the rules and regulation relating to eligibility for prosecuting studies at the post graduate class or relating to eligibility for taking the University Examination after such studies my admission will be liable to be cancelled and I shall not be entitled to refund of fees paid by me. Also bind myself to abide by the code of conduct and discipline as may be enforced by the authorities from time to time.

Date.....

 Signature of the applicant

Place