

SAMPURNA INSTITUTE OF ADVANCED STUDIES

(Accredited Academic Partner of *Martin Luther Christian University*, Shillong, Meghalaya)
184, Old Madras Road, Indiranagar, Bangalore – 560 038; Email - sam.inst@gmail.com
Phone No -080 25284050 / 080 25283320

APPLICATION POST GRADUATE DIPLOMA IN COUNSELLING PSYCHOLOGY (PGDCP)

For Office use only	
Application No :	Date of submission :

Affix Current photograph

1.	Name of the Applicant (In Block Letters as in Degree Certificate)	
2.	Date of Birth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Gender : Male <input type="checkbox"/> Female <input type="checkbox"/>	
	Day Month Year	
3.	Place of Birth Village, City, District and State	
4.	Nationality	
5.	Blood Group Religion	Caste (If applicable)
6.	Contact Numbers (Land line with STD Code and Mobile Number)	
7.	E.mail ID	
8.	Permanent Address	Address for Correspondence
9.	Father's Name	
	Occupation	
	Telephone number	
	Email ID	
10.	Mother's Name	
	Occupation	
	Telephone number	
	Email ID	
11.	Annual Income	

12.	Local Guardian's Name	
	Relationship	
	Address, Contact No & Email ID	
13.	Do you have any disability or physical illness? Yes/No If yes, give details (this information is to help us serve you better)	

14. Details of Qualifying Examination:

Name of the Degree	Name of the University / College / Board	Registration No	Overall Percentage of Marks	Year of Passing
10 th / SSLC/ Equivalent				
12 th / PUC/ Equivalent				
UG				
Others....				

15. Name of the Institution and University last attended: -----

Admission			Leaving		
Date	Month	Year	Date	Month	Year

16. Details of any other PG Degree / Diploma / Certificate obtained or being obtained
.....

17. Reasons for applying for this course (in about 200 words on a separate sheet)

18. Names, designation and addresses of two competent persons whose recommendation letters to be enclosed:

1.

2.

19. For Religious / Priests Candidates only.

a) Name of the Congregation / Diocese	
b) Name of the Provincial / Bishop Address, Email, Telephone No	

20. Registration Fee Payment Details:

Amount	Cash / DD	D.D No	Name of the Bank	Receipt No

21. Declaration

- 1) I hereby declare that information mentioned in the application is true to the best of my knowledge.
- 2) If admitted, I agree to abide by the rules and regulations of the College in force and any changes that may be made from time to time.

Date:

Place:

Signature of the applicant

Signature of the Parent/Guardian

Documents to be attached (Self-attested):

1. 10th Standard or Equivalent examination marks card.
2. 12th Standard or Equivalent examination marks card.
3. 3 years Degree Marks Cards issued by University last studied.
4. Birth Certificate or an Examination Certificate showing date of birth
5. Medical fitness certificate from a competent Medical practitioner
6. One page write up stating your reasons for applying for the course (statement of purpose)
7. Two recommendation letters (As per the format enclosed)
(One should be from the Principal/ HOD of the institution last attended. Family members /relatives are not eligible to give the recommendation letters).

Registration Fee: A Demand Draft for INR 500/- (for Indian and SAARC nationals), drawn in favour of "Sampurna Institute of Advanced Studies", payable at "Bangalore" or NEFT to Sampurna Institute of Advanced Studies, A/c No. 15350100058371, IFSC - FDRL0001535, Branch Indiranagar, Bangalore.