**APPLICATION FORM FOR THE POST GRDUATE DIPLOMA IN COUNSELING IN MENTAL HEALTH (PGDCMH),**

**(Autonomous Course)**

**KARVE INSTITUTE OF SOCIAL SERVICE**

**18, HILL SIDE, KARVENAGAR, PUNE 411 052**

**(Affiliated to Savitribai Phule Pune University, Pune)**

**NAAC Accredited ‘A’**

**Academic Session \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(for office use only)

* Registration No. …………………………………….
* Student’s Nationality Indian Foreign
* Receipt No. Dated……………………….
* Roll No.

**APPLICATION FORM TO THE POST GRADUATE DIPLOMA IN COUNSELING IN MENTAL HEALTH (PGDCMH), Autonomous Course**

To be completed and submitted by the applicant to the office of the institute. Attach attested true copies only with the Application Form.

The Director

Karve Institute of Social Service,

Karve Nagar,

Pune – 411 052

Sir/Madam,

I wish to apply for admission to the Post Graduate Diploma in Counseling in Mental Health, Autonomous Course to be conducted by institute within the academic year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I …………………………………………………………………………………… if admitted to the Post Graduate Diploma in Counseling in Mental Health course

(Surname First Name Father’s Name)

Hereby agree to abide by the rules and regulations of the institute presently in force or which hereafter will be brought into force by the administration of the institute and undertake that, so long as I am a student of the institute. I will do nothing, either inside or outside the institute that will interfere with its orderly working and discipline. I hereby submit myself to the disciplinary jurisdiction of the institute and that shall observe and abide by the rules, made by the Head of the Institute.

I further declare that I shall not take part in any movement likely to be subversive of law and order.

Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of the Applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of the Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INFORMATION ABOUT THE CANDIDATE**

I hereby furnished the following information about myself:

1. **Name of the applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(In block letters) Surname First Name Middle Name**

1. **Full name of Father/Spouse/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Present Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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1. **Residence Tel. No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Permanent Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Telephone No. (R)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **Sex: Male Female**
4. **Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(D/M/Y)**
5. **Place of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
6. **Age in Year:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
7. **Domicile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nationality:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother Tongue: \_\_\_\_\_\_\_\_\_\_**
8. **ACADEMIC BACKGROUND:**

Applicant/s should fill all the information asked in the table given below in a chronological sequence and attach attested copies of mark sheets of all examinations passed till date.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Exam/ Degree** | **Board/ University** | **Special Subjects** | **Month & Year of Passing** | **Division/Class with Percentage of Marks obtained** |
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1. **EMPLOYMENT RECORD *(if any)***

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| --- | --- | --- | --- | --- | --- |
| **Sr. No.** | **Employer** | **Post held** | **From (Date)** | **To (Date)** | **Job Profile** |
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1. **Are you gainfully employed, at present? Yes ( ) No ( )**
2. **If yes, specify the name of the employer. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(If deputed by NGO/Company, please attach letter of the organization)**

1. **Address of organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Telephone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Name and address of a person to be informed in case of any emergency:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **How did you come to know about this course?**

**Indicate the source of information about the course. Please tick ( )**

**Advertisement in News Paper/Notice on the college notice board/from a past student of the institute/trough a friend/Karve Institute’s website/Any other source\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**