**INTER UNIVERSITY CENTRE FOR DISABILITY STUDIES (IUCDS), MAHATMA GANDHI UNIVERSITY, KOTTAYAM**

**“10 DAYS CERTIFICATE COURSE IN COUNSELLING AND PSYCHOTHERAPY”**

**APRIL 2023**

PLEASE COMPLETE ALL SECTIONS

1. NAME :
2. TITLE (if desired) (eg, Ms, Mr., Mrs., Dr, Prof.):
3. PROFESSION/ DESIGNATION:
4. SEX: M  F

1. DATE OF BIRTH:
2. ORGANISATION (If Working):
3. ADDRESS :
4. TELEPHONE NUMBER:
5. EMAIL ADDRESS:
6. EDUCATIONAL QUALIFICATIONS:
7. PREVIOUS COURSES UNDERTAKEN AT IUCDS, if any
8. FEES REMITTED DETAILS Rs…………………………. Date: ……………………

SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please mail the filled application form to iucdsmgu@mgu.ac.in