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&

**JEEVA COUNSELLING & PSYCHOTHERAY CENTRE, KOTTAYAM**

**LEARNING DISABILITY & INTELLECTUAL DISABILITY**

**August 2025**

 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

1. FEES REMITTED DETAILS Rs…………………………. Date: ……………………

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

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