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 **TMA INSTITUTE OF COUNSELLING**

Photo

 **AMALAGIRI, KOTTAYAM – 686 036**

 **CERTIFICATE IN SUPERVISED COUNSELLING PRACTICE**

 **[CSCP]**

 **APPLICATION FORM 20....**

 **1. Name & Address**

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1. **Tel No. & E-mail**

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1. **Gender**

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1. **Age & Date of Birth**

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1. **Marital Status**

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1. **Religion**

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1. **Academic Qualification: Masters Degree in Counselling/Psychology or related fields/DCPC**

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1. **Present Occupation**

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1. **Two reference persons who know you closely (Name, Address, and Tel. No)**

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| **1.****2.** |

1. **Any previous supervised training in Psychotherapy/ Counselling**

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| **Yes/No**  | **Description**  |

1. **Purpose of joining Certificate in Supervised Counselling Practice**

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**I request to kindly enrol me as an applicant. I am enclosing a demand draft for Rs. 100/- in favour of TMA Institute of Counselling payable at SBT, Ammancherry.**

**Place:**

**Date:**

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**Signature of the Candidate**