



**XAVIER INSTITUTE OF COUNSELLING PSYCHOLOGY**  
**P-G DIPLOMA IN COUNSELLING PSYCHOLOGY**  
**APPLICATION FORM**



**Surname:** \_\_\_\_\_ **Name:** \_\_\_\_\_

Date of birth: \_\_\_\_\_ Sex: M/F \_\_\_\_\_ Married: Y/N \_\_\_\_\_

Mother Tongue: \_\_\_\_\_

Tel: \_\_\_\_\_ (landline); Mobile: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Pincode: \_\_\_\_\_ E mail: \_\_\_\_\_

To download form move cursor to top right and click on Download icon.

**Academic Qualifications:**

**Graduation:** Year \_\_\_\_\_ Subject \_\_\_\_\_

College \_\_\_\_\_ University \_\_\_\_\_

**Post Graduation:** Year \_\_\_\_\_ Subject \_\_\_\_\_

University \_\_\_\_\_

Professional Experience:

\_\_\_\_\_

Expression of commitment to the programme:

I will attend all the lectures as my first priority.

I will devote two hours each day towards reading course materials.

I will submit all assignments as and when required.

SIGNATURE: \_\_\_\_\_

Note: Letter of intent to be enclosed with this application.