



RESEARCH INSTITUTE OF PSYCHOLOGY AND COUNSELLING

APPLICATION

(1) Full Name:  
(Ven/ Rev/ Mr/Ms)


(2) Name with Initials:

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(3) Permanent Address:


(4) Present Address:


(5) Date of Birth:

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(6) NIC/Passport Number:

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(6) Marital Status:

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(7) Contact Details: Telephone – Mobile:

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Home :

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Email-

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(8) Intended Course:

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(8) Present Employment:

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(9) Highest Educational Qualification:

Institute:

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Year :

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(10) Qualifications in Psychology: .....

Institute: .....

Year:

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(11) Qualifications in Counseling: .....

Institute: .....

Year:

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(12) Other Qualifications:

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I certify that the particulars above are true and accurate to the best of my knowledge.

Signature: .....

Date:

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### For Office Use Only

Student Number:

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File Number:

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Mode of Payment: .....

Payment Details:

J	F	M	A	M	J	J	A	S	O	N	D
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Date of Certificate Issue:

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