



APPLICATION NO.

**UNIVERSITY OF KERALA  
DEPARTMENT OF PHILOSOPHY**

**CENTRE FOR PHILOSOPHICAL COUNSELLING & RESEARCH,  
KARIAVATTOM**

**PG DIPLOMA COURSE IN PHILOSOPHICAL COUNSELLING**

**APPLICATION FORM**

1	Name of Applicant	
2	Date of Birth	
3	Gender	
4	Nationality	
5	Address for Communication	
6	Permanent Address	
7	Mobile No.	
8	Email :	
9	Name and Address of guardian	
10	Educational Qualification with percentage of Marks (Attach copy of degree mark sheet)	
11	Religion & Caste	
12	State whether SC/ST	

**Declaration**

**I hereby declared that the information given in the application is true to the best of my knowledge and belief.**

**Place:**

**Date:**

**Name & Signature**