Self attested photograph of applicant

DEPARTMENT OF PSYCHOLOGY, Calicut University P.O. 673635

Application form for admission to Post Graduate Diploma in Rehabilitation Psychology (PGDRP)-2018

		(Re	ecogniz	ed by	y Reh	abilita	tion Co	uncil of India	, Govt. of Indi	ia)							
1	Name of the applicant (in full, in Block Letters)																
2	Age & Date of Birth																
3	Male/Female																
4	Address to which communications are to be sent								5. Permanent Home Address (in Block Letters)								
•	PIN							PIN									
6	Mobile No:					<u> </u>			I			<u> </u>	1 1		<u> </u>		
7	E- mail ID:																
8	Name and of Parent/Gu																
9	Annual income of the Pa																
10	Community (General/OBC/SC/ST/PH) Specify																
11	Details of Application fee (Rs.300/- for General, &		00/ for	r roog	onvod	ootog	oru)	E- Chalan Number:									
	(NS.300/- for General, e	x 1\\ 5. I\	JU/ 1UI	1 1626	erveu	caleg	Oly)	Date of rem									
								Mode of ren	nittance:								
12.	Details of Examination pa	assed:	(Self att	testec	d copie	s of m	ark lists	and other rele	vant documen	ts sł	nould b	e appe	ended)				
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Receiver's Signature:

Application No:

Date: