



CENTRE FOR OPEN AND DISTANCE LEARNING UNIVERSITY OF JAFFNA

DIPLOMA IN COUNSELLING FIRST SEMESTER EXAMINATION BATCH-I

							<u> </u>	<u>XAM</u>	<u>APP</u>	<u>LICA</u>	TION	FOR	M							
Pled	Please fill this application form in "BLOCK LETTERS"																			
Registration No:														Index	(No:					
1. N	1. Name in Full																			
2. Name with Initial																				
3. Address: 4.Contact No (Home):																				
5. NIC No:																				
6. Se	6. Select your course units (✔)																			
Co	Jrse	No	Course Title															(•	/)	
AD	C 10	13	Fundamentals of Psychology																	
AD	C 10	023 Developmental Psychology																		
AD	C 10	33	Introduction to Counselling																	
AD	C 10	43	Abn	ormo	al Ps	ych	ology	/												
AD	C 10	53	Rese	arcl	h Me	etho	ds for	Cou	ınse	lling										
I hei	I hereby declare that the information given above is true and accurate to the best of my knowledge.																			
	Date Signature of Programme Coordinator Signature of C														Signa	ture o	of Ca	ndido	ıte	