



**Global School of Counselling**  
Affiliated to **Bengaluru North University**  
**APPLICATION FORM FOR ADMISSION**  
**Master of Science in Counselling Psychology**

For office use only:  
Received date: \_\_/\_\_/\_\_\_\_ Application No: \_\_\_\_\_



**A. Personal Information**

- 1. Name of the Applicant : \_\_\_\_\_  
(in Capital Letters as in SSLC Certificate)
- 2. Date of Birth : (dd)\_\_\_\_\_ (mm)\_\_\_\_\_ (yyyy)\_\_\_\_\_
- 3. Gender : Male  Female
- 4. Nationality : \_\_\_\_\_ Mother Tongue : \_\_\_\_\_
- 5. Religion : \_\_\_\_\_
- 6. Have you been studying in Karnataka? Yes  No   
If Yes, for how many years? \_\_\_\_\_
- 7. Contact numbers: Landline (with STD codes) : \_\_\_\_\_ Mobile : \_\_\_\_\_
- 8. E-mail ID : \_\_\_\_\_ Aadhaar Card No. : \_\_\_\_\_
- 9. Address for Communication:

Present Address

Permanent Address

10. Are you the only girl child to your parents?  Yes  No

If yes, enclose affidavit from competent authority.

11. Do you have any disability or physical illness?  Yes  No

If yes, specify. \_\_\_\_\_

12. Category to which the applicant belongs (Enclose supporting documents)

General  SC  ST  Cat-I  Cat-II  OBC

Any other Specify \_\_\_\_\_

## B. Family Information

1. Father's name: \_\_\_\_\_

2. Occupation: \_\_\_\_\_

3. Mobile Number: \_\_\_\_\_

4. E-mail ID: \_\_\_\_\_

5. Mother's name: \_\_\_\_\_

6. Occupation: \_\_\_\_\_

7. Mobile number: \_\_\_\_\_

8. E-mail ID: \_\_\_\_\_

9. Annual Income of parents: \_\_\_\_\_

10. Local guardian's name: \_\_\_\_\_

11. Relationship : \_\_\_\_\_

12. Address, Contact number & e-mail ID: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### C. Academic Information

Name of the degree	Name of the Board/ College/University	Registration number	Year of Passing	Overall Percentage of Marks
10 <sup>th</sup> / SSLC or Equivalent				
12 <sup>th</sup> / PUC or Equivalent				
Graduation B.A. / B.Sc.				
Any Other				

14. Admission (Date, Month, Year) : \_\_\_\_\_

15. Leaving (Date, Month, Year) : \_\_\_\_\_

16. Subjects and Marks secured at the Undergraduate level :

S. No	Subject	Maximum Marks	Marks Secured	Aggregate

17. Mention any other PG/Degree/Certificate courses acquired or being acquired: \_\_\_\_\_

\_\_\_\_\_

## D. Other Information

1. References: Mention the Names, addresses and contact numbers of two references (one preferably the HOD or Lecturer of the previous Institution attended). Have them complete the attached Reference Forms and include them with your application form.

Reference 1: Name : \_\_\_\_\_

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

\_\_\_\_\_

Mobile Number: \_\_\_\_\_ Email: \_\_\_\_\_

Reference 2: Name : \_\_\_\_\_

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

\_\_\_\_\_

Mobile Number: \_\_\_\_\_ Email: \_\_\_\_\_

2. Application fee details:

Mode of Payment:      Cash       Demand Draft       Online transfer

Amount Paid \_\_\_\_\_ Date \_\_\_\_\_

Name of the Bank \_\_\_\_\_

Bank Reference / DD No / Confirmation code/ UTR No etc. \_\_\_\_\_

\_\_\_\_\_

### Application Processing Fee:

Kindly pay the Application Processing Fee of **Rs. 500.00** by online or DD drawn in favour of 'Global School of Counselling', Account Number: **0694104000071813** Branch Name: **IDBI Bank, Yelahanka**, IFSC Code: **IBKL0000694**

### Declaration

1. I, \_\_\_\_\_ hereby declare that the information mentioned in the application form is true to the best of my knowledge.
2. I hereby promise that if admitted I will abide by the rules and regulations of the Global School of Counselling at all times.
3. I will inform the Institution if there are any changes in the information provided in the application form.

Date : \_\_\_\_\_

Signature of the Applicant

Signature of Parent / Guardian

## ACADEMIC REFERENCE

### To the Applicant

This form should be completed by your professor who has taught you in your most recent graduate level degree. Please fill in your name and forward this form to the person.

Name of Applicant \_\_\_\_\_

Program Applied to \_\_\_\_\_

### To the Referee

The above individual is applying for admission to the CGLD School of Counselling. Admission eligibility is dependent upon a careful evaluation of your recommendation. We value your comments very highly and request you to complete this form carefully and as objectively as possible. Kindly seal it in the envelope provided and return it to the applicant. This document will be kept confidential. Thank you for your assistance.

1. How long have you known the applicant? \_\_\_\_\_
2. Is the applicant related to you?  Yes  No If yes, in what relationship? \_\_\_\_\_  
If no, in what capacity do you know him/her? \_\_\_\_\_
3. How would you rate the applicant in the following areas: (Please mark with ✓ in the appropriate column)

	Excellent	Above Average	Average	Below Average	Not observed
Handles abstract concepts					
Handles academic overload					
Writing skills					
Study habits					
Ability to study in English					
Sense of Responsibility					
Willingness to learn					
Ability to work with others					
Integrity/Honesty					
Willingness to help others					
Leadership ability					
Team dynamics					
Hardworking					
Persevering					
Initiative					
Flexibility					

4. Please comment on the applicant's strengths and areas needing improvement.

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5. In your opinion, what areas of the applicant's life would need special attention here at CGLD SoC?

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6. Would you like us to call you to discuss this applicant?  Yes  No

7. **Recommendation:**  I strongly recommend  I recommend with reservation  I do not recommend

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**Please print the information below about yourself:**

Name \_\_\_\_\_

Position \_\_\_\_\_

Address: 

Street	Town/City	State
Pincode	Phone	Email

Signature \_\_\_\_\_

Date \_\_\_\_\_

# General Reference

## To the Applicant

This form should be completed by your professor who has taught you in your most recent graduate level degree. Please fill in your name and forward this form to the person.

Name of Applicant \_\_\_\_\_

Program Applied to \_\_\_\_\_

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**Please print the information below about yourself:**

Name \_\_\_\_\_

Position \_\_\_\_\_

Address:	Street	Town/City	State
	Pincode	Phone	Email

Signature \_\_\_\_\_

Date \_\_\_\_\_



# Medical Certificate of Physical Fitness

Name \_\_\_\_\_ Age \_\_\_\_\_

## HISTORY OF ANY PREVIOUS ILLNESS / MEDICATION

Jaundice \_\_\_\_\_

Tuberculosis \_\_\_\_\_

Congenital troubles \_\_\_\_\_

Rheumatic heart \_\_\_\_\_

Epilepsy \_\_\_\_\_

Respiratory problems \_\_\_\_\_

## GENERAL PHYSICAL EXAMINATION

ENT Examination \_\_\_\_\_

Eye \_\_\_\_\_

Cardio-vascular system \_\_\_\_\_

Respiratory system \_\_\_\_\_

Abdominal examination \_\_\_\_\_

Central nervous system \_\_\_\_\_

## LABORATORY EXAMINATION

BLOOD - Hb, TC, PC, ESR \_\_\_\_\_

VDRL \_\_\_\_\_ RBS \_\_\_\_\_ Group \_\_\_\_\_

Hbs Ag \_\_\_\_\_

STOOL - Occult blood \_\_\_\_\_

Ova/Cyst \_\_\_\_\_

URINE - Micro \_\_\_\_\_

## SUMMARY OF ABOVE EXAMINATIONS AND FITNESS REPORT

I do hereby certify that, to the best of my knowledge the above candidate is physically fit to an intensive programme of study.

Date \_\_\_\_\_

(Doctor's signature and Reg.No.)

Address \_\_\_\_\_

\_\_\_\_\_

## Application Checklist

Kindly check the following list and sign at the bottom before mailing the form.

- 1. Completely filled in application form.
- 2. Copy of Aadhar Card
- 3. Copy of Class 10 Mark Sheet
- 4. Copy of Class 12 Mark Sheet
- 5. B.A./B.Sc. Mark Sheet for all six semesters (three years)
- 6. Copy of B.A./B.Sc. Degree/Provisional certificate
- 7. Copy of Conduct Certificate from the College attended last
- 8. Copy of Transfer Certificate from the College attended last
- 9. Copy of Migration Certificate (this may be obtained later also)
- 10. Medical Certificate from Registered Medical Practitioner
- 11. Caste/Community Certificate from competent officer (for SC/ST/OBC)
- 12. Copy of the DD or online transaction confirmation number for the Application Processing Fee of Rs. 500
- 13. Reference Forms 1 & 2 duly filled and signed by your referees.

**Scan and Email the completed form and documents to [gscedu.in@gmail.com](mailto:gscedu.in@gmail.com)**

**Mail the same to the following address:**

**Principal  
Global School of Counselling  
Hennur - Bagalur Road,  
Kothanur, Bengaluru 560077**

**For any queries contact +91 9686824250 (Monday to Saturday, between 9 A.M. and 5 P.M.)**

\_\_\_\_\_  
Signature of the Candidate

\_\_\_\_\_  
Date