

S.I.E.S INSTITUTE OF COMPREHENSIVE EDUCATION

SION (W), MUMBAI 400 022 / NERUL, NAVI MUMBAI 400 706

REGISTRATION FORM 20 - 20

CERTIFICATE IN COUNSELLING

ADVANCED CERTIFICATE IN COUNSELLING

1. Name _____

Date of Birth _____ Male/Female _____ Mother Tongue _____

2. Address of Correspondence

Telephone No. _____ Mobile. No. _____

E-mail: - _____

3. Qualifications (including name of College, Class, University)

4. Other Qualifications(if any)

5. Employment details

6. If current SIES student or staff give details (Attach SIES I.D. or Photocopy of Fee receipt.)

DECLARATION TO BE SIGNED BY THE STUDENT

I declare that the statements made by me in this form are to the best of my knowledge and belief, true and correct.

Signature :

Date :

FOR OFFICE USE ONLY

Paid Rs. _____ Receipt No. _____ Date _____ Receiver's Sign. _____

Note : The following documents need to be attached:

- a) Marksheet of last obtained qualification
- b) Degree Certificate
- c) One photograph
- d) Aadhar Card
- e) Proof of identity for SIES students & staff (if applicable)