



Serial No.

Admission Registration No.

FORM - A



MANIPAL SKILL DEVELOPMENT CENTER
Dr.T.M.A Pai Polytechnic Campus, Manipal - 576104
and
MANASA EDUCATIONAL FOUNDATION FOR MENTAL HEALTH
(Unit of Manasa Trust®)
KAPMC, 60 Feet Road, Kalayana Nagara, Sagara Road, Malligenahalli,
Shivamogga-577205



Stamp Size
Photo

To be Attested by
Gazetted Officer

APPLICATION FOR ADMISSION TO DIPLOMA IN COUNSELLING
(Note: Candidates are advised to read the Website before filling the application
Incomplete applications are liable for rejection)

Program Title (Abbreviated):				Program Code:			
1. Name of the Applicant (In Block Letters)							
2. Father's Name							
3. Mother's Name							
3. Address for Communication							
Place:				Post:			
Taluk:		District:		Pincode:			
E-mail:							
Mob:			Office				
Whatsapp No.			Residence				
Is the above address accessible to professional courier service Yes / No							
4. Place and Date of Birth (As entered in SSLC/ Equivalent Examination Certificate/ Document acceptable by Court of law or Government as proof of age to be enclosed.			Place <div></div> Year <div></div> <div></div> <div></div> <div></div> Month <div></div> <div></div> Date <div></div> <div></div>				
5. Nationality / Domicile			6. Sex: Male <input type="checkbox"/> Female <input type="checkbox"/> Others <input type="checkbox"/>				
7. Institution and University from which the qualifying examination is passed							
8 Qualifying Examination	Degree:		Month & Year of Passing		Class		Percentage
9. Occupation							
10. Admission Registration details :							
Payment Date	Amount	Mode of Payment					UTR/UTI No. (Transaction ID)
		G.Pay	Phonepe	Paytm	UPI	Others	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Admission recommended by							Place : Date : Signature of the Applicant
1. BVB Blore		<input type="checkbox"/>	5. Ms. Rekha, Solapur			<input type="checkbox"/>	
2. MSDC, Manipal		<input type="checkbox"/>	6. Dr. Shwetha, Mangalore			<input type="checkbox"/>	
3. Ms. Nagashri, Mysuru		<input type="checkbox"/>	7. Manasa, Shivamogga.			<input type="checkbox"/>	
4. Dr. Lancy D Souza, Mysuru		<input type="checkbox"/>	8. Any other			<input type="checkbox"/>	

DECLARATION

I hereby solemnly and sincerely affirm that statement made and information furnished in the application submitted by me are true. Should it however be found that the information furnished therein is not actually true, I know that I am liable for prosecution and forfeiture of the admission.

Signature of the Applicant

Serial No.

FORM - B



MANIPAL SKILL DEVELOPMENT CENTER
Dr.T.M.A Pai Polytechnic Campus, Manipal - 576104



and

Admission Registration No.

MANASA EDUCATIONAL FOUNDATION FOR MENTAL HEALTH
(Unit of Manasa Trust®)

KAPMC, 60 Feet Road, Kalayana Nagara, Sagara Road,
Malligenahalli, Shivamogga-577205

EXAMINATION APPLICATION FORM

Passport size
photo

PHOTO TO BE
SELF ATTESTED

Exam Centre Tick (✓) box above the name of Place

Bangalore	Mangalore	Shimoga	Mysore	Solapur
Write the Exam Centre selected				

Program Title (Abbreviated):

Program Code:

Details of the Candidate

Name

Date of Birth

Age

Sex:

Address for Communication

								Pin Code						

List papers of the courses with code Nos.
(Against each paper, If not appearing write NA and if appearing write APP)

Give year if repeater

Sl. No.	Paper Code No.							Paper Title	NA/APP
1							01		
2							02		
3							03		
4							04		
5							05		
6							06		

Certified xerox copies of marks cards of ALL PREVIOUS exams to be enclosed and attested by Gazetted Officer

Date:

Signature of the Candidate

Co-Ordinator