

STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING
SECTOR-32, UT CHANDIGARH
PSYCHOLOGY RESOURCE CENTRE

REGISTRATION PERFORMA

(Details to be filled by Applicant/ Parent)

Student Name:

Age:

School/ Institution:

Class:

Father's Name:

Occupation:

House Address.....

Contact No

.....

Reason to meet the Counsellor

Date

Signature

.....

(To be filled by Official)

Purpose: Career/ Behavioral/ Educational

Testing Date:

Registration No:

Signature of Official

Accepted
(Signature of Applicant/ Parent)