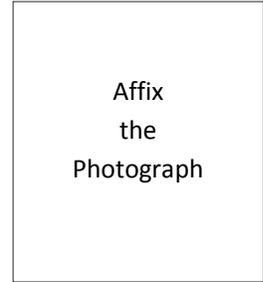


**NATIONAL VOCATION SERVICE CENTRE**  
**Institute of Spirituality and Counselling Psychology**

APPLICATION FORM FOR ADMISSION TO DIPLOMA IN  
 COUNSELLING & RELIGIOUS FORMATION



1. Name: (in BLOCK Letters) Fr./Sr./Br./Mr./Ms.....  
Last (Family) Name  
 .....  
First Name

2. Date of Birth:.....

3. Diocese/Cong./Institute .....

.....

Abbreviation of the Cong. / Inst.:.....Pontifical/Diocesan

4. Year of Ordination / Final Profession:.....

5. Mailing Address (in BLOCK Letters) .....

.....

.....

Email:..... Tel. No. (Landline) ..... Mob. No:.....

6. If you have done a programme at NVSC earlier, kindly indicate below:  
 Year:..... Name of the Course: .....

7. List in chronological order all colleges and universities attended, including courses done other than at NVSC.

Name and Location of Institution	Month/Year(s) of attendance From to	Degrees Received	Specialization

8. Have you been treated at any time for a mental illness? Please specify name of illness and duration:  
 .....  
 .....

9. Please indicate the kind of work you have been engaged in since Ordination / Final Profession:

.....

10. On a separate sheet of paper please write a concise statement of 300 – 500 words in English about how you would describe yourself as a person, why you are interested in this programme and how you propose to use your time here. Please do this statement in your own handwriting, not typewritten.

11. Please enclose the following:

- (i) Attested copies of all diplomas, certificates and mark sheets obtained so far.
- (ii) 2 Copies of a Passport Size photograph with your name at the back of the photographs.
- (iii) Medical Certificate

This application cannot be considered if all these documents have not been received.

12. Name, Address, Email & Phone No. of Person to be contacted in case of need: .....

.....

.....

.....

**13. Endorsement from Bishop/Major Superior:**

I recommend ..... to attend the programme.  
(Name of applicant in BLOCK Letters)

Signed: .....

Designation: .....

I hereby certify that the information given by me on this application form is complete and accurate.

Applicant's Signature ..... Date:.....

Please send the filled in Application Form enclosing attested copies of your certificates and a DD in favour of National Vocation Centre, payable at Pune, or M.O. for INR 1000/- (Registration fee, Non-refundable) before April 20<sup>th</sup>, 2019 to:

**The Director  
National Vocation Service Centre  
Near Christ the King Church  
Wadgaonsheri Road, Sainikwadi,  
Pune 411014, MAHARASHTRA**

**Office.: 020/27030918/27036125  
Mob: +91 9021146762  
Programme Coordinator: +91 8310498014  
Website: <http://nvscpune.in>**

(Please feel free to make copies of this form if required)