



Schizophrenia Research
Foundation (I)

Application for Mental Health Care and Counseling

Contact: subhashini@scarfindia.org / info@scarfindia.org

Instruction to the candidates

1. Candidate should submit the application form duly filled in along with all documents required, and send it to the following address.

Course Co-coordinator, Schizophrenia Research Foundation, R/7A, North Main Road, Anna Nagar west extension, Chennai-600 101.

2. Fee once paid will not be refunded under any circumstances.

PHOTO

- | | | |
|----|--|--------------------|
| 1 | Name of the Applicant (In Block Letters) | Mr/Ms. |
| 2 | Father's/Husband's Name | |
| 3 | Date of Birth | |
| 4 | Sex | Male/Female/Others |
| 5 | Nationality | |
| 6 | Languages Known | |
| 7 | Permanent Address | |
| 8 | Address for communication | |
| 9 | E-mail address: | |
| 10 | Contact number: | |



Schizophrenia Research
Foundation (I)

12	Exam Passed	Subject(s)	Year of passing	Institution studied	Class	% of Marks

13 Are you currently employed? YES/NO

14 If YES, Current Occupation details

Enclosures: 1. Self-attested copy of the degree certificates.

2. If Employed, No objection certificate from the employer (NOC)

Declaration: I hereby assure that the information provided here are true.

Signature:

Date: