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**TMA INSTITUTE OF COUNSELLING**

**Ammancherry, Kottayam– 686 561**

**Workshop on research methodology**

**APPLICATION FORM** 20---

**1. Name & Address**

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1. **Tel No. & E-mail**

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1. **Age & Date of Birth**

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1. **Education**

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1. **Profession**

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1. **Course and Institution previously attended**

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| --- | --- |
| **Course** | **Institution** |
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**I request to kindly enrol me as an applicant for the workshop**

**Date:** **Signature of the Applicant**