

Manthan

Psychotherapy & Counselling Polyclinic and Training Centre

International Affiliate Member: World Federation for Mental Health

Postal Facet

Student Registration Form for Correspondence & Distance Education division

➤ *Candidates opting for courier service to pursue any course of their choice may download and fill up the form given below to send it by post/courier to the admin office address **OR***

➤ *download the form, fill in and e-mail at- counselling.manthan@gmail.com*

Selection of the course and making payment

➤ Select from list given on 'course page'

Course selected _____ Code _____

➤ Payment may be made through bank cheque or e-banking

Full name of the applicant- _____
First name _____ Father's name _____ Last name _____

Date of birth- _____ Place of birth- _____

Postal Address (residence) Is this your permanent address? Yes/ No (Strike off what is not applicable)

Room/flat no. and name of the building _____

Name of the road and locality _____

Name of the suburb and city _____ Country _____

Land mark, if any _____

Pin code _____ Telephone no. _____

Mobile no. _____ E-mail Id _____

Current Occupation & Designation _____

Name of the organization or company/firm of current occupation- (if any)

Office address- Room no. and name of the building _____

Name of the road and locality _____

Name of the suburb and city _____ Country _____

Pin code _____ Land mark, if any _____

How did you get to know about Manthan? _____

Referred by- _____

Date- _____

Signature of the student

Postal address

Manthan Admin office

C-5, Commerce Centre, Tardeo, Mumbai 400 034, India.

Tel: 23521412, 23516112