

# 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 'online registration 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