TAMILNADU COUNCIL FOR OPEN AND DISTANCE LEARNING

Approved by International Council for Open & Distance Education (ICDE), Oslo, Norway

Internationally Accredited Institution Registered under Tamilnadu Govt Act

ADMISSION FORM

POCSO ACT TRAINER / POSH ACT TRAINER / PSYCHOLOGY (3 Months)

Affix your latest Passport size Photo

Register No: | | | | | | | | | | |

Session & Year: _____

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1. Name of the Candidate _____

2. Father's Name _____

3. Mother's Name _____

4. Date of Birth (DD/MM/YYYY) _____/ _____/ _____

5. Residential Address _____

_____

6. Contact Mobile No. _____

7. WhatsApp No. _____

8. E-mail ID _____

9. Educational Qualification _____

10. Occupation (Tick ✓) ☐ Teacher ☐ Student

If Teacher (fill below):

Name of the School / Institution: _____

Address of the School /Institution: _____

_____

_____

If Student (fill below):

a) Nature of job: _____

b) Years of Experience: _____

Undertaking by the Candidate

I, _____, accept that I would like to join the **POCSO Act Trainer/ POSH Act Trainer Course**. I declare that the information given above is true and correct. I agree to pay the applicable course fee:

Place: _____ **Signature of the Candidate**

Date: _____

Attachments:

1) **10th Class Marksheet Copy**
2) **12th Class Marksheet Copy**
3) **Aadhaar Card Copy**
4) **One Photo Affixed in the Form & Additional 1 Photo to be pinned**
5) **Attach the printed copy of the fees paid receipt / snapshot.**
6) **Attach the School ID card (If working as Teacher)**

