Indian Institute©
Of School Psychology
School Counseling & Guidance.

35 KPC, West Marredpally
Secunderabad-500026, TG (India)
Email: adv.nkanakadurga@gmail.com
shyamvrinda59@gmail.com
Tel: 04031919823 Ph: 8374223038
Ph: 9441234596
www.schoolcounsellorsindia.co.in

APPLICATION/REGISTRATION FORM / OR ALTERNATIVELY FWD FOLLOWING DETAILS / *particulars with registration fee of Rs 2500/-:-*

1. Name----------
Address ----------

Contact mobile ---------- e mail id----------
2. Application for- ISCA Membership/ Professional Studies Program -specify
M. Sc /P.G. DIP School counselors/ Counselors & Psychotherapists/_____
_____
_____ _____

3. Present occupation /professionals in –corporate/media/housewife/Armed forces -showing current occupation title and setting ----------
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4. Future options to utilize the course/professional knowledge, specialist skills of counseling & psychotherapy profession ----------
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5. BRIEF- YOUR PROFILE.(optional)-use addl sheet----------

Date ---------- place---------- signature_____

Please Enclose:

1. Copy of qualification certificate
2. Passport photo
3. Crossed cheque

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IISPSC & G, S B A/C No 305 2201 0026 702, IFSC CANARA BANK CNRB 0013032, CANARA BANK, SECUNDERABAD PICKET, 500026 T S.

CONTACT /postal ADDRESS
IISPS C&G, 35 KPC, WEST MARREDPALLY.SECUNDERABAD- 500026, T.S.
Tel : +04031919823 Ph: 9441234596
E-mail : adv.nkanakadurga@gmail.com