

Psychological Counselling Cell

Department of Psychology

Online Registration Form

(Time 12:00 Noon to 2:00 Pm , All working days)

Date:

Name : _____

Age: _____

Gender : _____

Institution (College/University): _____

Contact No.: _____

E-Mail ID: _____

Educational Qualification, Occupation : _____

Briefly describe the Primary Problem/Concern:

When did the problem/concern begin?

24 hrs.

3days

7days

2weeks

Few months

Undergoing any Medication : _____

Referred by : _____