



UNDERSTANDING THE HUMAN FACE OF CANCER

Centre of Psycho-oncology for Education & Research

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Application Form for Admission to the Diploma Programme in Psycho-oncology

Instructions

1. Information regarding the programme should be read carefully before filling up this form.
2. All blanks, except signature, should be typewritten / written in capitals.
3. Strike out whichever is not applicable.

Affix Passport Size
Recent Photograph
duly signed by the
candidate over the
photograph

1. **Name of the Applicant** _____

2. **Father's/Guardian's Name** _____

a) Annual Income of Father/Guardian/Self. Rs. _____

b) Address for communication _____

Pin Code: _____

c) Phone Number with STD Code _____

d) Mobile Number _____

e) E-mail ID _____

f) Fax _____

3. **Gender** Male Female

4. **Permanent Address** _____

Pin Code: _____

Phone Number with STD Code: _____

5. Date of Birth _____ Age in years _____
6. Nationality _____
7. State in which you are domiciled _____
8. Are you currently employed? _____
9. If so, give name and address of the employer and the post held by you

10. Are you being officially sponsored by your employer for this course? _____

If yes, give details

(Sponsored by, Study leave, With pay / Without pay etc)

11. Academic Record

Exam. Passed	College/ Institution	University/ Board	Month and Year of entry	Month and year of leaving	% Marks	Class, Division or Rank	Subjects of study

(Please attach photocopies of all certificates/Degrees etc.)

12. Statement of Purpose: (Not to exceed 500 words) Describe why you have chosen Psycho-oncology and what you want to achieve in the next 10 years (Attach Sheet).

13. Have you passed the required final qualifying examination? Yes _____ Results awaited _____ Not Applicable _____

a) If results awaited, when are your results expected? _____

14. Academic Honours and Merits

a) National Science Talent Scholarship	Yes	No
b) Merit Scholarship	Yes	No
c) Best Outgoing Student	Yes	No
d) Rank in Final PG Examination	Yes	No
e) First position in any subject	Yes	No
f) Prizes and Medals during PG course	Yes	No
g) Others, (Specify)		
h) Additional Qualification from a recognized University	Yes	No

15. Research experience (Attach details) Yes No

16. List of Publications (Attach List) Yes No

17. Dissertation/Thesis submitted
 Have you submitted thesis/dissertation as part of your course? Yes No

18. Extra curricular activities
 (Attach certificate to justify the inclusion)

1. Sports & Games	Yes	No
2. Literary activities	Yes	No
3. Cultural activities	Yes	No
4. Holding important position	Yes	No
5. NCC (B or C certificate)/ NSS activities	Yes	No
6. Others, Specify		

19. Other Professional experience

Name of the Employer & Address	Post held	Pay Scale	Date of		Nature of Employment	Reason for Leaving
			Entry	Leaving		

Forwarding note to be signed by the Employer under whom the Applicant is employed

I certify that the application is being made with my permission and that there is no objection to release the applicant if selected for the course, within the prescribed limit of time.

I also certify that I shall inform the authorities of the Centre of Psycho-oncology for Education and Research, Bangalore about the financial terms, e.g., Salary, Study Leave Salary, Deputation Allowances etc., Which may be paid to the applicant for the period of this training.

Signature of the Employer

Place:

Date:

Office seal and address of Employer

Declaration by the Applicant

1. I agree to undergo the course on a full time basis and shall not engage myself in any kind of private practice during the period of the course. I will not pursue any part time course elsewhere unless permitted by COPER
2. I declare that I shall abide by the Rules and Regulation of COPER and those that are framed from time to time.
3. I hereby declare that the information given in this application is true and correct to the best of my knowledge and belief. In case any information given in this application proves to be false or incorrect, I shall be responsible for the consequences.

Signature of the Applicant

Place:

Date:

Name in Block Letters _____

Permanent Address _____
