**“RISE UP” Training Form**

|  |  |  |
| --- | --- | --- |
| 1 | Name  |  |
| 2 | Date of Birth  |   |
| 3 | Gender  | Female / Male / Others |
| 4 | Address for communication |  |
| 5 | Mobile number(s) |  |
| 6 | E-Mail ID  |  |
| 7 | Occupation |  |
| 8 | Educational Qualifications(Highest achieved) Enclose certificate copy |  |
| 9 | Years of Experience as counsellor(enclose letter of experience) |  |
| 10 | Years of Experience as Supervisor (enclose self declaration) |  |
| 11 | Letter of Recommendation / Reference  |  |
| 12 | Membership in any other Professional body |  |
| 13 | Date of proposed RISE UP training / City |  |
| 14 | Mode of Payment  | Cheque/ DD/ NEFT /Online payment |

I hereby declare that the above information is true to the best of my knowledge.

Date: Signature

**For Office Use**

1. Application Reviewed by :
2. Documents Verified by :
3. Application accepted / Rejected :
4. If rejected, reason :
5. Application accepted by :
6. RISE UP Training date :
7. Name of the Trainer :
8. Place of Training :
9. Payment Details :
10. **BANK DETAILS**
	* 1. **Online Transfer:**

Account Name Indian Academy of professional Supervisors

Account No 50100279055330

Account Type Saving Account

Bank Name HDFC Bank

Branch Name Kottivakkam

IFSC Details HDFC0000500

* + 1. **Cheque Payment Details:**
			1. Drawn the cheque in favor of “Indian Academy of professional Supervisors.”
			2. Courier the filled in the membership form and required documents to
			3. Dr.Vasuki, C1- Shamrock Apartment, 126 Santhome High Road, Chennai-600028

**NOTE: Fee paid once will not be refunded**