



□□□vriti: COUNSELING AND WELLNESS CENTRE

Faculty of Behavioral and Social Sciences

Registration Form

Registration No.:	
Name:	
Age:	Gender:
Student/ Faculty or Staff/ Outside Manav Rachna Educational Institutions:	
Course/ Designation, Department/ Professional Engagement:	
Marital Status:	Languages Known:
Home Town:	
Address:	
Contact No.:	
Email Id:	
Family Member Contact No.:	
Friend Contact No.:	
Emergency Contact No.	
Reason for Visit:	