



BHARATIYA JAIN SANGHATANA

Basic Family Counseling Course

Enrolment Form

1. Full Name :
2. Address :
.....
.....
3. Contact No. : (with STD Code)
4. Mobile No : Email id:
5. Date of Birth : Male Female Married Unmarried
6. Education :
7. Occupation :
8. Languages Known:
9. Nature of responsibilities at BJS :
10. Experience in handling counseling cases :
.....
.....
11. Any formal training received in counseling :
12. If yes, please write the details :
13. Weekly Time you can spare for counseling service :
14. Are you willing to travel to nearby places? Yes No

Please read and sign the undertaking for facilitator given overleaf.

I confirm my commitment for giving counseling service to our community. I would like to undergo the training at H.O. Pune.

Signature of the candidate :

Date :



BHARATIYA JAIN SANGHATANA

Basic Family Counseling Course

Undertaking by Counselors of BJS

I, Shri undergoing the counselor's basic training for Jain Family Counselor Certificate Course, hereby assure the following :

- I am willing to devote at least 5 hours a week to render the service of counseling for the betterment of Jain Community.
- I volunteer the counseling service free of cost.
- I will render the counseling service only under the banner of Bharatiya Jain Sanghatana.
- I will not provide counseling service commercially or privately, nor will I share the training material given to me by Bharatiya Jain Sanghatana.
- I am willing to attend refresher training in counseling once in a year at BJS, Head Office at Pune.

Signature :

Date :

Details of the person who recommended me for this counseling course:

1. Name :
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2. Position in BJS :

3. Address :
.....
.....

4. Contact No with STD Code:

5. Mobile No : Email id: