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|  | **TRUST FOR SOCIAL DEVELOPMENT & REHABILITATION CENTRE**  **Trust Reg. No: BK-IV 1/2018** |

**About Us: Trust for Social Development & Rehabilitation Centre** is a non–government social development organization working for the ignored, abandoned, uncared and unloved community since 31st January 2018. The reasons for the worse are lack of right understanding, acceptance attitude, forgiveness in the family and community today. There are new problems and issues emerging in the society day by day. This centre strives to handle such situations by collaborating with other organizations, both government and non-government with a view to uplifting women, children, adolescents and other weaker community.

**Vision:** To create a peaceful, healthy and lovable society without cultural and social degeneration and differences such as casteism mainly through knowledge and awareness among stakeholders.

**Mission:**

* To bring medical awareness about physiological developments especially among rural women
* To provide Pre-marital counselling
* To motivate children(who are unable to go to school for various reasons) and identify way-out
* Free medical camps
* To inculcate knowledge on both rights and duties of an individual in men and women
* To emphasize sharing attitude among youngsters

**Our Trust Members**

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|  | **Patron:**  Rev. Fr. Dr. R.K Samy M. A., M.Div., M.HRM., M.Phil., ST.D  Parish Priest,  Alangudi, Pudukkottai, Tamilnadu, INDIA – 622301.  Ph: +91 9787215095. |
| **C:\Users\W7-PROF-990-CA\Desktop\Scan-Martin-photo.jpg** | **Managing Trustee:**  Mr.S. Martin DME., B.Sc., (Psy)., PG(Counselling).  Alangudi, Pudukkottai, Tamilnadu, INDIA – 622301.  Ph: +91 6385837301. Landline: 04322-251719 |
|  | **Planning Trustee:**  Mr.R. Govinda Samy.  Trade union activities  Working President in 3 units of BHEL,  Alangudi, Pudukkottai, Tamilnadu, INDIA – 622301.  Ph:+91 9443540872. |
|  | **Treasurer:**  Ms.A. Nancy., M.A., B.Ed.,  Alangudi, Pudukkottai, Tamilnadu, INDIA – 622301.  Ph: +91 8110986061. |
|  | **Trust Member:**  Mr.J. Emanuel  Social Services  Alangudi, Pudukkottai, Tamilnadu, INDIA – 622301.  Ph:+91 9626684031. |
|  | **Trust Member:**  Ms.R. Loyola Shanthi  Alangudi, Pudukkottai, Tamilnadu, INDIA – 622301.  Ph: +91 7825968861. |

** CENTRE FOR FAMILY COUNSELING**

**Our Services:**

* + 1. Family Counseling
    2. Marital and Pre-Marital Counseling
    3. Health Care Program for men and women
    4. Children & Adolescents Counseling
    5. Women Empowerment & Development Program
    6. Youth Motivation & Development Program
    7. Environment Protection & Maintenance Program
    8. Individual and Group Counseling
    9. Female Health Care Awareness Class – Every Sunday between

10:00 AM – 01:00 PM and

02:00 PM – 04:00 PM.

* + 1. For Individual and Group Counseling – Should get appointment before one week.

**Invited Persons:**

* + - * Working / Retired Women Doctors
      * Working / Retired Women Nursing Superintendents
      * M.Sc. Psychologists
      * M.Sc./MSW Psychiatrists
      * MSW (Community Development)
      * Volunteers with Psychological Approach
      * Counselors
      * Well-wishers
      * Donors
      * Coordinators
      * Participants

**Contact Us:**

No: 25/1A, Kannaki Street Extn., Alangudi, Pudukkottai, Tamilnadu,

INDIA – 622301.

Phone / Mobile No: 04322-251719, +91 6385837301.

Email id: [martinsebastin01@gmail.com](mailto:martinsebastin01@gmail.com) & [tsdrc2018@gmail.com](mailto:tsdrc2018@gmail.com)

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|  | **CENTRE FOR FAMILY COUNSELING**  **Delusion is Disease. Awareness is Cure.**  **Trust Reg. No: BK-IV 1/2018** |

**Online Registration Form**

1. Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Upload Your Passport Size Photo Here

1. Mother’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Sex : Male / Female / Others
4. Date of Birth : D D / M M / Y Y Y Y
5. Religion : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Community : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Marital Status: Single / Married / Widow / Widower / others mention \_\_\_\_\_\_
8. Blood Group : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. Educational Qualification(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
10. Occupation : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
11. Contact number 1 / Home : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
12. Contact number 2 / Office : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
13. Contact Address : Door No : \_\_\_\_\_\_\_\_\_\_\_ Street :\_\_\_\_\_\_\_\_\_ Landmark\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Road\_\_\_\_\_\_\_\_\_\_\_\_\_Post\_\_\_\_\_\_\_\_\_\_\_\_\_Village / Town\_\_\_\_\_\_\_\_\_\_\_\_Taluk\_\_\_\_\_\_\_\_\_\_\_\_\_

District\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Country\_\_\_\_\_\_\_\_\_\_\_\_Pincode \_ \_ \_ \_ \_ \_ \_ \_ \_

1. Declaration: I hereby declare that all the information I have given in this application is true, correct, and complete. I declare that the signature on this form is my signature, and any other person have not signed on my behalf, including my agent or sponsor. I understand that giving false or misleading information is a serious offence under state and/or central law of India.

Upload Your Signature Here

1. Signature :
2. Place : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_