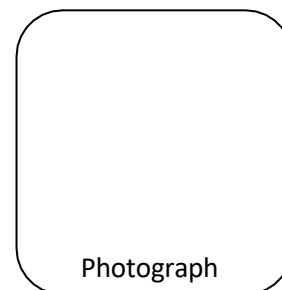


# APPLICATION FORM FOR M.PHIL. CLINICAL PSYCHOLOGY COURSE

## SESSION 2023-2025

1. Name (in block letters) : \_\_\_\_\_
2. Date of Birth : \_\_\_\_\_
3. Father's/Spouse's Name : \_\_\_\_\_
4. Mother's Name : \_\_\_\_\_
5. Permanent Address : \_\_\_\_\_  
\_\_\_\_\_



6. Correspondence Address : \_\_\_\_\_  
(Must mention Phone No.,  
Mobile No. and e-mail) \_\_\_\_\_

Mobile: \_\_\_\_\_ Email : \_\_\_\_\_

7. Gender : \_\_\_\_\_
8. Nationality : \_\_\_\_\_
9. Marital Status : \_\_\_\_\_

10. Details of Educational Qualification:

Examination Passed	Board/University	Year	Subjects	Percentage % of Marks	Class/Div. obtained
10 <sup>th</sup>					
12 <sup>th</sup>					
B.A.					
M.A./M.Sc.					
Others					

11. Please tick (✓) the category: (a)ST  (b)SC  (c)OBC  (d)EWS  (e) PH  (f)GEN   
(Enclose ST/SC/OBC certificate and  
Income & Asset Certificate for EWS)

12. Work Experience, if any : \_\_\_\_\_

13. Details of Application Fee: Amount: \_\_\_\_\_ SBI Ref. No. \_\_\_\_\_ Date: \_\_\_\_\_

14. Declaration: I hereby declare that information mentioned in the application for true to the best of my knowledge.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Applicant