

APPLICATION FORM FOR M. PHIL. CLINICAL PSYCHOLOGY COURSE
SESSION 2025-27

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

Photograph

6. Correspondence Address : _____
(Must mention Phone No.,
Mobile No. and e-mail) : _____
Mobile & Email are mandatory

Mobile _____ Email _____

7. Gender : _____
8. Nationality : _____
9. Marital Status : _____

10. Details of Educational Qualification (Enclose M.A./M.Sc. Final examination Marksheet only):

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

11. Please tick (✓) the category: (a) ST ☐ (b) SC ☐ (c) OBC ☐ (d) EWS ☐ (e) GEN/UR ☐
(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 form is true to the best of my knowledge.

Place: _____

Date: _____

(Signature of Applicant)