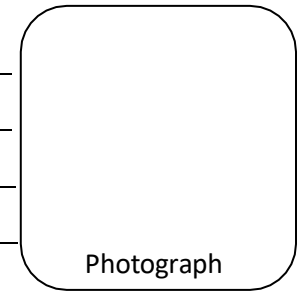


**Application Form for Admission to the Master in Clinical Psychology (M. Clin. Psy.) Programme,
Recognized by the RCI (Formerly MPhil in Clinical Psychology)**

Session 2026-2028

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
10th					
12th					
B.A.					
M.A./M.Sc.					
Others					

- 11. Please tick (✓) the applicable category: (a) ST (b) SC (c) OBC (d) EWS (e) PwD (f) General. Enclose the relevant ST/SC/OBC certificate or, for EWS applicants, the Income and Asset Certificate, as applicable.**

- 12. Work Experience, if any** : _____

- 13. Details of Application Fee: Amount: _____ Ref. No. _____ Date: _____**

Declaration: I hereby declare that the information provided in this application is true and correct to the best of my knowledge and belief.

Place: _____	_____
Date: _____	Signature of Applicant