APPLICATION FORM FOR MASTER IN CLINICAL PSYCHOLOGY COURSE
SESSION 2026-28

Photograph

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** :_____
(**Mobile & Email are mandatory**)
:_____

_____

_____

Mobile_____**Email**_____

7. **Gender** : _____
8. **Nationality** : _____
9. **Marital Status** : _____
10. **Details of Educational Qualification (Enclose B.A./B.Sc.,M.A./M.Sc. Final examination Marksheet only):**

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

11. Please tick (√) the category: (a) ST ☐ **(b) SC** ☐ **(c) OBC** ☐ **(d) EWS** ☐ **(e) PwD** ☐ **(f) Gen/UR** ☐
(Enclose ST/SC/OBC/PwD 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)