ಕರ್ನಾಟಕ ಸರಕಾರ

ಧಾರವಾಡ ಮಾನಸಿಕ ಆರೋಗ್ಯ ಮತ್ತು ನರವಿಜ್ಞಾನ ಸಂಸ್ಥೆ

DHARWAD INSTITUTE OF MENTAL HEALTH AND NEUROSCIENCES

Belgaum Road, DHARWAD

Ref No.DIMHANS/AHS/M.Clin/2026-27 Date:

Admission Application Form

Application for Admission to Master of Clinical Psychology

Affix self-attested PP size recent color photograph here

Full Name:

Gender:

DOB and Age:

Domicile certificate RD No:

Reservation Category with RD No:

Details of qualifying examination:

Name of course		Year of Passing	University	Marks obtained and Total Marks (Aggregate)	Percentage
PG					
UG					

Online Payment Details:

Transaction ID/ Ref No: **Date:**

Issuing bank and Branch: **Amount:**

Declaration of Candidate

I hereby declare that the above information is true and correct.

( )

Signature of Candidate

Email Id:

Mobile Number:

Address: