

ಕರ್ನಾಟಕ ಸರ್ಕಾರ



ಧಾರವಾಡ ಮಾನಸಿಕ ಆರೋಗ್ಯ ಮತ್ತು ನರವಿಜ್ಞಾನ ಸಂಸ್ಥೆ,
DHARWAD INSTITUTE OF MENTAL HEALTH AND NEUROSCIENCES
Belgaum Road, DHARWAD

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Ref No.DIMHANS/Aca/M.Phil/PSW/2021-22

Date:

Admission Application Form

Application for Admission to M.Phil. in Psychiatric Social Work

Full Name:

Sex:

DOB and Age:

Reservation Category if any:

In-service candidate: Yes / No

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size recent color
photograph here

Details of qualifying examination:

| Name of post graduate course: | Year of Passing | University | Total Marks (Aggregate) | Percentage |
|-------------------------------|-----------------|------------|-------------------------|------------|
| | | | | |

Payment Details: DD No.

Amount:

Date:

Issuing bank and Branch:

Declaration of Candidate

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

Date & place

Signature of Candidate

Email Id:

Mobile Number:

Postal Address: