

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/CP/2021-22

Date:

Admission Application Form

Application for Admission to M.Phil. in Clinical Psychology

Full Name:

Gender:

DOB and Age:

Reservation Category if any:

In-service candidate: Yes / No

Affix self-attested PP
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: