



ಕರ್ನಾಟಕ ಸರ್ಕಾರ  
ಧಾರವಾಡ ಮಾನಸಿಕ ಆರೋಗ್ಯ ಮತ್ತು ನರವಿಜ್ಞಾನ ಸಂಸ್ಥೆ, ಬೆಳಗಾವಿ  
ರಸ್ತೆ, ಧಾರವಾಡ



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&director.dimhans@gmail.com

Ref No.DIMHANS/Aca/M.Phil/2023-24

Date:

**Admission Application Form**

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

**Full Name:**

**Age:**

**Reservation Category if any:**

**Email Id:**

**Mobile Number:**

**Address:**

Affix self-attested PP  
size recent color  
photograph here

**Details of qualifying examination:**

Name of post graduate course: ( MA/ MSc/ MSW)	Year of Passing	University	Total aggregate Marks	Percentage

**Payment Details:**

**Declaration of Candidate**

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

**Signature of Candidate**



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Ref No.DIMHANS/Aca/M.Phil/2023-24

Date:

**Admission Application Form**

**Application for Admission to M. Phil. in Clinical Psychology**

Full Name: Age:

Reservation Category if any:

Email Id:Mobile Number:Address:

Affix self-attested PP  
size recent color  
photograph here

Details of qualifying examination:

Name of post graduate course: ( MA/ MSc)	Year of Passing	University	Total aggregate Marks	Percentage

Payment Details:

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