

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



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Ref No.DIMHANS/Aca/M		Date:		
	Admission	n Application Form	1	
Application for	Admission	to M.Phil. in Psych	iatric Social Wo	<u>rk</u>
Full Name:			Г	
Age:			,	Affix self-attested PP
Reservation Category if a	ny:			size recent color
Email Id:				photograph here
Mobile Number:				
Address:				
Details of qualifying exan	nination•			
Name of post graduate	Year of	University	Total aggregate	Percentage
course: (MA/MSc/MSW)	Passing	C III versity	Marks	Tercentage
Payment Details:				
1 ayment 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:			Affix self-attested PF
Email Id:Mobile Num	size recent color photograph here			
Details of qualifying ex Name of post graduate course: (MA/MSc)	Year of Passing	University	Total aggregate Marks	Percentage

Payment Details:

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