



Manasa Trust®

# Kateel Ashok Pai Memorial Institute of Allied Health Sciences

(Affiliated to RGUHS & Recognized by the Government of Karnataka)  
Vinodini Building, 1<sup>st</sup> Cross, Park Extension, Durgigudi, Shivamogga-577201, Karnataka

## DEPARTMENT OF CLINICAL PSYCHOLOGY

### APPLICATION FOR ADMISSION TO M.PHIL CLINICAL PSYCHOLOGY (RCI APPROVED)

Passport size  
photo

(All columns should be strictly filled in BLOCK LETTERS only, incomplete forms will not be accepted)

1	Name of the Applicant	
2	Gender: Male <input type="radio"/> Female <input type="radio"/>	Date of Birth: (DD/MM/YYYY)
3	Nationality:	Religion:
4	Category:	Caste:
5	Blood Group:	Physically Challenged: Yes / No (If YES, Please specify & enclose the document)
6	Aadhaar Card No (Enclose photocopy)	
7	Student Contact No	Mobile: What's App:
8	Email Id	
9	Parents Details	Father Name: Mobile No: Mother Name: Mobile No:
10	Communication Address  Land Mark: City: State: Pin code:	Permanent Address  Land Mark: City: State: Pin code:
11	Qualifying Examination: (Psychology Is compulsory in UG and PG)	
12	College Name (Post-Graduation)  Place  University	

13	Register No ( PG)											
14	Marks Obtained in Psychology ( Post Graduation)											
Semester System					Annual System							
	I Sem. Max. Obt.		II Sem. Max. Obt.		III Sem. Max. Obt.		IV Sem. Max. Obt.		I year Max. Obt.		II Max. Obt.	Total Marks
Theory												
Practical												
Total Percentage					Grade					Total		

15	Clinical Internship: Yes <input type="radio"/> No <input type="radio"/>					Duration and organisation where internship was completed:						
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**NOTE:**

- ❖ All the above details given are correct.
- ❖ I know that my application is applicable only to write the entrance examination and attend the personal interview

Signature of the Parents/Guardian

Signature of the Candidate

**Date:**

**Place:**

16	Transaction Details	NEFT / RTGS / NETBANKING / UPI
Transaction UTR No		
Payment Date		
Amount		

**OFFICE USE:**

Application No: \_\_\_\_\_ Year: \_\_\_\_\_

Amount: \_\_\_\_\_ Date: \_\_\_\_\_

Type of Transaction: \_\_\_\_\_

Name & Sign of Receiving Officer: \_\_\_\_\_