



Manasa Trust®

Kateel Ashok Pai Memorial Institute of Allied Health Sciences

(Affiliated to RGUHS & Recognized by the Government of Karnataka)
Vinodini Building, 1st 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)

2024-25

1	Name of the Applicant (as per SSL C Certificate)									
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: _____