



# ASHA HOSPITAL

INSTITUTE OF MEDICAL PSYCHOLOGY,  
COUNSELLING & PSYCHOTHERAPY

## **APPLICATION FORM FOR CLINICAL TRAINING IN PSYCHOLOGY**

Male  Female

1. NAME OF CANDIDATE: \_\_\_\_\_
2. FATHER/HUSBAND'S NAME: \_\_\_\_\_
3. DATE OF BIRTH: \_\_\_\_\_
4. ADDRESS FOR CORRESPONDENCE: \_\_\_\_\_  
\_\_\_\_\_
5. Contact Phone No/s: \_\_\_\_\_
6. Email ID: \_\_\_\_\_
7. Nationality: \_\_\_\_\_ If Indian Belonging To Which State :  
\_\_\_\_\_
8. **EDUCATIONAL & PROFESSIONAL QUALIFICATION FROM MATRICULATION AND ONWARDS:**

Affix passport sized  
photograph

Exam passed	Institution attended	Board of examination		Marks (%) obtained	Year of passing
SECONDARY					
HIGHER SECONDARY					
GRADUATION PART 1			Subjects		
GRADUATION PART 2 (HONS COURSE)			Subjects		
Post graduation part 1			Subjects		
Post graduation final year			Subjects		
Other courses undertaken					

9. **PLEASE LIST WORKING EXPERIENCE in areas of psychology/ mental health/nursing/social work/allied (IN CHRONOLOGICAL ORDER)**

- ✓ Name of the organization
- ✓ Total yrs. Of exp. \_\_\_\_\_/s
- ✓ Period of tenure with dates:
- ✓ Position held with scale of pay (monthly):
- ✓ Brief about responsibilities and job profile

10. **If any member of family suffers from mental illness- (if yes, pls. mention disorder and treatment details)**

11. **Have you yourself ever undergone mental health treatment (pls give details)**

12. **Expectations from the course**

13. **Why do you want to study mental health (clinical psychology) (pls answer within 100 words)**

**DECLARATION**

It is solemnly declared that the information furnished above is true. If any of these is found incorrect at any point of time, I shall be liable for action as per decision of Asha hospital/Academic administration.

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Place

\_\_\_\_\_

Signature of the applicant

Date

\_\_\_\_\_

- ❖ *Please note that the certification of completion for this course will be awarded by Asha Hospital and this course is not affiliated to any academic board or institution currently.*