



APPLICATION FORM FOR CLINICAL INTERNSHIP PROGRAMME IN PSYCHOLOGY

Male Female

Affix passport sized
photograph

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:

| 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 | | | | | |