



# ASHA HOSPITAL

INSTITUTE OF MEDICAL PSYCHOLOGY  
COUNSELLING & PSYCHOTHERAPY

## ADMISSION FORM FOR INTERNSHIP MAY- JUNE 2025

**\*Name:**

**\*Date:**

**\*Age:**

**\*Sex:**

**\*Education level:**

**\*Reference University:**

**\*Address:**

**\*Mobile Number 1:**

**\* Alternate Mobile Number 2:**

**\*Documents Required**

1. **\*Aadhaar Number:**
2. **\*Masters Certificate No:**
3. **\* One Reference Copy:**

**Approved by HOD  
Director**

**Approved By Managing**

## DECLARATION

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

\_\_\_\_\_ Place\_\_\_\_\_

Signature of the applicant

Date\_\_\_\_\_

### Note:

Candidates must complete the application form in full, ensuring that no required details are left blank. The completed form, along with scanned copies of all supporting documents and certificates, must be emailed to **admissions@ashahospital.org** on or before 15th May 2025.

For any queries, please contact our helpline at **+91 87901 10888** during working hours (10:00 AM to 5:00 PM).