APPLICATION-FORM-2016

FOR TWO YEARS MASTER OF PHILOSOPHY COURSE IN CLINICAL PSYCHOLOGY/PSYCHIATRIC SOCIAL WORK

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DECLARATION

I have carefully read the instructions given in the prospectus. I hereby solemnly and sincerely affirm that the statement made and information's furnished by me in the application form are true and correct. If however, it is found that any information furnished herein is fraudulent, incorrect or untrue in material particulars; I realize that I am liable to criminal prosecution and my selection and admission to the course is liable to be cancelled.

Date:		
Place:		

(Signature of Applicant)

IMPORTANT NOTICE

In case any candidate is found to have supplied false information or certificate etc. or is found to have concealed or withheld some information in his/her application form, he/she shall be debarred from admission. Any other action that may be considered appropriate by the Director of the Institute may also be taken against him/her which may include criminal prosecution.

DIRECTOR
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