POST-GRADUATE INSTITUTE OF BEHAVIOURAL AND MEDICAL SCIENCES



SANTVANA MANOPCHAR AVAM ANUSANDHAN SANSTHAN (P.) LTD OPP. RAJKUMAR COLLAGE, SWAMI ATMANAND MARG, G.E.ROAD,

RAIPUR (C.G.) 492001

APPLICATION – FORM 2019

Affix Recent Colored Passport Photograph

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

Sir,

I want to join the Master of Philosophy course in Clinical Psychology/Psychiatric Social Work. (Strike out which doesn't apply).

My particulars are as below: (all details to be in block letters).

Email:

1.	Name in full:				
				(Middle name)	
2.	Father's/Hus				(0 0
3.	Sex:	Male	Female	(Strike	e out which doesn't apply)
				Υ.	
4.	Date of Birth	1:			
		Day		Month	Year
5.	Nationality:			6 Caste	category – Gen/OBC/ ST/SC
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7.	Address:				0.1
7.	Address:				
7.	Address:				
	Address:				.Pin Code
	Address:				

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8. Educational Qualifications (M.A. Psychology/ Social Work or Sociology onwards): Exam Passed Institution attended University Year of Passing Class/Division

9. Enclosures: (Photocopies)

i. Matriculation Certificate (for age proof).

- ii. All mark sheets of Graduation.
- iii. Mark sheets of M.A. previous and final.
- iv. Degree certificate of M.A. Psychology/Social Work or Sociology.
- v. Character Certificate from the Head of the Dept. / Institute last attended.
- vi. College leaving certificate from the Head of the Dept./Institute last attended.

Date: Place:

(Signature of Applicant)

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 Post-Graduate Institute of Behavioural & Medical Sciences, Opp. Rajkumar College, Swami Atmanand Marg, G.E. Road RAIPUR-492001 (C.G.) Phone: +91-771-4223368, Fax: +91-771-4052692, www.pgibams.ac.in, E-mail: manopchar@gmail.com