



ಕರ್ನಾಟಕ ಸರ್ಕಾರ
ಧಾರವಾಡ ಮಾನಸಿಕ ಆರೋಗ್ಯ ಮತ್ತು ನರವಿಜ್ಞಾನ ಸಂಸ್ಥೆ,
DHARWAD INSTITUTE OF MENTAL HEALTH AND NEUROSCIENCES
Belgaum Road, DHARWAD



Ref No.DIMHANS/AHS/M.Phil/CP/2024-25

Date:

Admission Application Form

Application for Admission to M.Phil. in Clinical Psychology

Full Name:

Gender:

DOB and Age:

Reservation Category if any:

Details of qualifying examination:

Affix self-attested PP
size recent color
photograph here

Name of post graduate course:	Year of Passing	University	Total Marks (Aggregate)	Percentage

Online Payment Details:

Transaction Details:

Amount:

Date:

Issuing bank and Branch:

Declaration of Candidate

I hereby declare that the above information is true and correct.

Signature of Candidate

Email Id:

Mobile Number:

Postal Address: