

# REGIONAL INSTITUTE OF MEDICAL SCIENCES, IMPHAL – 795 004 (An Autonomous Institute under the Ministry of Health & Family Welfare, Govt. of India)

## APPLICATION FORM FOR ENTRANCE EXAMINATION FOR ADMISSION TO M.Phil. CLINICAL PSYCHOLOGY COURSE FOR THE SESSION – 2015

1. 2.	Name of the Candidate: (in block letters)  Date of Birth: Day MonthYear	Affix one recent passport size photograph duly attested by a Gazetted Officer with Seal.	
4.	Category: General/ST/SC/OBC Gender: Male / Female		
5.	Father's Name:		
5.	Mother's Name:		
7.	Address: (in block letters)		
	a) Permanent Address:		
	b) Postal Address for communication :		
	Phone No.		
3.	State of domicile of the Candidate :		

<u></u>	mic Record :				
	HLSC: Name of the Institute/School/College:				
i)	Name of the Institute/School/College:				
ii)	Name of the Board/Council:				
iii)	Year of passing:				
(B) <u><b>10</b>+</u>	3) <u>10+2 or Equivalent</u> :				
i)	Name of the Institute/School/College :				
ii)	Name of the Board/Council/University:				
iii)	Year of passing:				
(C) <b>B.A</b>	<b>a./B.Sc.</b> :				
iv)	Name of the Institute/College :				
v)	Name of the Board/University:				
vi)	Year of passing:				
(D) <b>M.</b> .	A./M.Sc.in Psychology:				
vii)	Name of the Institute/College :				
viii)	) Name of the Board/University :				
ix)	Year of passing:				
<b>DECLARATION</b>					
information furnished by have read t	y declare that the application has been filled in with my own handwriting and the give in the application form is correct. In case, at any stage if the information y me is found incorrect my admission may be cancelled. I further, declare that I he rules as given in the information bulletin and shall abide by the rules and of the Institute.				
Place :	Signature of the Candidate				
Date :					

## CERTIFICATE TO BE FURNISHED BY THE EMPLOYER

(for in-service candidate)

Certified that Dr./Mr/Miss/Mrs	
Is serving as	in the Office / Department of
	since He/She will be relieved,
if selected, for the M.Phil. course within the stipula	ated time for admission. To the best of may
knowledge he/she bears a good moral character.	
	Signature : (Head/Principal/Director)
Place:	Name:
Date :	Designation :(Office seal )



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### **ADMIT CARD**

# ENTRANCE EXAMINATION FOR ADMISSION TO M.Phil. CLINICAL PSYCHOLOGY COURSE FOR THE SESSION – 2015

		<del></del>
(in Block letters)	Roll No.	Affix one recent passport size photograph duly attested by a Gazetted Officer with Seal.
	Signature of Gazetted Officer	::
	Name :	
Officer-in-charge of Examina	Designation :	
ATTEN	NDANCE SHEET	
	AMINATION FOR ADMISSION OLOGY COURSE FOR THE SESSION – 2015 No.	Affix one recent passport size photograph duly attested by a Gazetted Officer

#### TO BE FILLED AT THE TIME OF EXAMINATION

Name of the Candidate:....

(in Block letters)

**Signature of the Invigilator** 

with Seal.

#### **INSTRUCTIONS FOR CANDIDATE**

- 1. The Examination will be conducted at Examination Hall of RIMS, Imphal on 25.06.2015 at 11 A.M.
- 2. Candidate should report at the examination all 15 minutes before the commencement of the examination. No candidate will be permitted to enter the hall after 15 (fifteen) minutes of starting of the examination.
- 3. Examination will be held from 11 A.M. to 12.30 P.M.
- 4. No candidate will be allowed to sit in the examination without the Admit Card.
- 5. Candidate should bring his/her own fountain pen or ball pen.
- 6. Carrying of Mobile Phone, pager, calculator, book printed or written bits of paper or any objectionable materials is not allowed inside the examination hall.
- 7. No candidate will be allowed to leave the examination hall before the end of one hour. Going to Toilet during examination hour will not be permitted.
- 8. Each candidate must write his/her own Roll No. on the answer sheet at the space provided.
- 9. Silence must be observed in the examination hall. Any candidate found using unfair means or improper conduct will be liable for expulsion from the examination hall.
- 10. The candidates are advised to preserve the Admit Card till the examination is over.