



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 – 2024**

1. Name of the Candidate :
(in block letters)
2. Date of Birth:
3. Nationality :
4. Category : General/ST/SC/OBC..... Gender : Male / Female /others.....
5. Father's Name :
6. Mother's Name :
7. Address : (in block letters)
 - a) Permanent Address:
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 -
 -
 - b) Postal Address for communication:
 -
 -
 -Phone No.
8. State of domicile of the Candidate:

Affix one recent
passport size
photograph duly
attested by a
Gazetted Officer
with Seal.

Contd...2/-

9. **Academic Record :**

(A) **X/HLSC :**

- i) Name of the Institute/School/College :
- ii) Name of the Board/Council :
- iii) Year of passing :

(B) **10+2 or Equivalent :**

- i) Name of the Institute/School/College :
- ii) Name of the Board/Council/University :
- iii) Year of passing :

(C) **B.A./B.Sc. :**

- iv) Name of the Institute/College :
- v) Name of the Board/University :
- vi) Year of passing :

(D) **M.A./M.Sc.in Psychology :**

- vii) Name of the Institute/College :
- viii) Name of the Board/University :
- ix) Year of passing :

DECLARATION

I hereby declare that I have read the rules as given in the information bulletin and shall abide by the rules and regulations of the Institute. I also declare that the application has been filled in by myself and the information given in the application form is correct. Further, I will be present for verification with all the original documents at the time of admission, if selected. I also understand and agree that, at any stage, if any of the information furnished by me is found incorrect, my application/admission may be cancelled.

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 stipulated time for admission. To the best of my
knowledge, he/she bears a good moral character.

Signature :
(Head/Principal/Director)

Place :

Name :

Date :

Designation :
(Office seal)



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ADMIT CARD

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Roll No.

Affix one recent
passport size
photograph duly
attested by a
Gazetted Officer
with Seal.

Name of the Candidate :
(in Block letters)

Specimen signature of the Candidate :
(to be attested by Gazetted Officer)

Signature of Gazetted Officer :

Name :

Designation :
(Office Seal)

Officer-in-charge of Examination