

9. **Academic Record :**

(A) **X/HSLC :**

- 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. :**

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

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

- i) Name of the Institute/College :
- ii) Name of the Board/University :
- iii) 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)



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

ADMIT CARD

**ENTRANCE EXAMINATION FOR ADMISSION
TO M.Phil. CLINICAL PSYCHOLOGY COURSE FOR THE SESSION – 2025**

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