



Manasa Trust®

Kateel Ashok Pai Memorial Institute of Allied Health Sciences

(Affiliated to RGUHS & Recognized by the Government of Karnataka)

Vinodini Building, 1st Cross, Park Extension, Durgigudi, Shivamogga-577201, Karnataka

DEPARTMENT OF PSYCHOLOGY

APPLICATION FOR ADMISSION TO M.Sc. CLINICAL PSYCHOLOGY

(All columns should be strictly filled in BLOCK LETTERS only, incomplete forms will not be accepted)

1	Name of the Applicant																			
2	Gender: Male <input type="radio"/> Female <input type="radio"/>	Date of Birth: (DD/MM/YYYY)																		
3	Nationality:	Religion:																		
4	Category:	Caste:																		
5	Blood Group:	Physically Challenged: Yes / No (If YES, Please specify & enclose the document)																		
6	Aadhaar Card No (Enclose photocopy)																			
7	Student Contact No	Mobile: WhatsApp:																		
8	Email Id																			
9	Parents / Guardians Details	Father Name: Mobile No: Mother Name: Mobile No:																		
10	Communication Address Land Mark: City: State: Pin code:	Permanent Address Land Mark: City: State: Pin code:																		
11	Qualifying Examination: (Psychology Is compulsory in UG)																			
12	College Name Place University																			
13	Register No (UG)																			

14	Marks Obtained in Psychology (Enter the Marks so far available)												
	I Sem. Max. Obt.		II Sem. Max. Obt.		III Sem. Max. Obt.		IV Sem. Max. Obt.		V Sem. Max. Obt.		VI Sem. Max. Obt.		Total Marks
Theory													
Practical													
Total Percentage			Grade			Total							
15	Applying		Only for Clinical Psychology (RGUHS)				Both MSc Clinical Psychology (RGUHS) and MSc Psychology from Kuvempu University						

NOTE:

- ❖ All the above details given are correct.
- ❖ I know that my application is applicable only to write the entrance examination.

Signature of the Parents

Signature of the Candidate

Date:

16	Transaction Details	NEFT / RTGS / NETBANKING / UPI
Transaction UTR No		
Payment Date		
Amount		

OFFICE USE:

Application No: _____ Year: _____

Amount: _____ Date: _____

Type of Transaction: _____

Name & Sign of Receiving Officer: _____