

**B.M. INSTITUTE OF MENTAL HEALTH**

Nr. Nehru Bridge, Ashram Road, Ahmedabad-380009

Phone : (079) 26578256, 26578257, 26578258, 26574858

Email: bminstitute.ahm@gmail.comWebsite-www.bminstituteofmentalhealth.com**Form Fee Rs. 200/-**Affix Latest
Passport Size
Photograph

Application Fee:

Transaction ID NO: _____

Date: _____

APPLICATION FORM**PROFESSIONAL DIPLOMA IN CLINICAL PSYCHOLOGY YEAR (PDCP) 2022-23**

(The application form must be filled by Candidate in English only.)

Course Name:

Name of the Candidate:

Surname: First Name: Father's / Husband Name: Date of Birth:
D D M M YEARGender: Marital Status: Single / Married / Other: Nationality: Category:

Gen	OBC	SC	ST	PWD	EWS
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Complete Postal Address (in block letter)

(Please do not write your name or father's name)

PIN Phone No. : Email ID-1:

Permanent Address of Father / Guardian

(Please do not write your name or father's name)

PIN Phone No. : Email ID-2:

Details of qualifications:

(Education /Technical / Professional)

Exam Passed	Name of School / College	Year of passing	University	Class/ Division	Subject Taken	Aggregate Percentage	No of Attempt
Ph.D							
M.Phil.							
Master							
Bachelor							
Any Other							

***Note:** If the degree shall be given to students based upon CPI / SPI / CGPA, it is compulsory to attach percentage conversion certificate of consult University, otherwise form will be rejected.

Languages Know:

Language	Speak	Read	Write
English			
Hindi			
Gujarati			
Other			

Please state “Why do you want to join the training programme”

Eligibility Criteria (As per RCI Norms):

Minimum educational requirement for admission to this course will be M.A. / M.Sc. degree in Psychology (or in counseling psychology, clinical psychology, and applied psychology) from the UGC recognized university with a minimum of 55 % marks in aggregate. For SC/ST/OBC category, minimum of 50% marks in aggregate is essential, as per GOI.

Documents must be attached in the sequence mentioned below (Mark (√) the documents which have been attached with the application).

1. Statement of marks of Master Degree (All Semester Separately).
2. Attested copy of 10th Passing certificate and School leaving certificate.
3. Proof of valid OBC / SC/ ST / PWD/EWS (As per Govt. of Gujarat Norms) certificate.
4. Certificate of Higher /Professional Qualification, if any, in the field of rehabilitation.
5. Certificate Academic achievements and experience, if any in the field of rehabilitation.
6. Self-Attested copy of Aadhaar Card.
7. Form Fee Rs. 200/- only through NEFT: Bank detail is as under.

Bank : Bank of Baroda.

Account Name : B. M. Institute of Mental Health Trust.

Account No : 08490100029198.

IFSC Code : BARB0ASHRAM (fifth character is zero)

Branch : Ashram Road, Ahmedabad.

8. Photocopy of transaction ID must be attached with application form.

Date: _____

Place: _____

Signature of Applicant