## B.M. INSTITUTE OF MENTAL HEALTH



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Website-www.bminstituteofmentalhealth.com

Affix Latest Passport Size Photograph

Application Fee Rs.: 200/- (Two Hundr	ed Only)		
Transaction ID NO (UPI/IMPS/NEFT) :	Da	ate:	

## APPLICATION FORM PROFESSIONAL DIPLOMA IN CLINICAL PSYCHOLOGY YEAR (PDCP) 2023-24

PROFESSIONAL DIPLOMA IN CLINICAL	PSYCHOLOGY YEAR (PDCP) 2023-24
(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	Y Y Y Y
Gender: Mar	rital Status: Single / Married / Other:
Nationality: Ca	ategory: Gen OBC SC ST PWD EWS
Complete Postal Address (in block letter)	Permanent Address of Father / Guardian
(Please do not write your name or father's name)	(Please do not write your name or father's name)
PIN	PIN
Phone No. :	Phone No. :
Email ID-1:	Email ID-2:

Details of qualifications: (Educational /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	L e degree giver	to student	s is based upo	n CPL / SPL /	CGPA it is co	mnulsory to a	ıttach

<sup>\*</sup>Note: If the degree given to students is based upon CPI / SPI / CGPA, it is compulsory to attach percentage conversion certificate of concern 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.

## Below mention documents must be with the application.

- 1. Statement of marks of Master Degree (All Semester marksheet 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 of 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 : BARBOASHRAM (fifth character is zero)

Branch : Ashram Road, Ahmedabad.

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

Date:	
Place:	Signature of Applicant