

APPLICATION FORM

Affix Passport Size Photograph duly attested

M PHIL. IN CLINICAL PSYCHOLOGY (2019-2020) UNIVERSITY OF CALCUTTA UNIVERSITY COLLEGE OF SCIENCE, TECHNOLOGY AND AGRICULTURE

To

The Secretar	У									
Faculty Cour	ncils for P.	.G. Studi	es in Sc.,	, Tech.&	Engg and	l Ag	. & Vet. Sc.			
Calcutta Uni	versity									
92, A.P.C. R	oad, Kolk	ata – 700	009							
College and										
Year of entry in MA/ M.Sc.:			Year of passing:							
Applied for admission in Course:										
Subject: Whether admitted earlier in this course, give details:										
Whether adn	nitted earli	er in this	course,	give deta	ils:				_	
Date of birth: Whether employed:										
Category: C	GEN	SC	ST] PC [OBC (Ά' [OBC '	В'		
Statement of	marks in	MA/M.S	c. exami	nation:						
Examination	Semester	SGPA	CGPA	Total	marks	To	tal marks of	Class/Div.,	%	
	/ Part			obta	ained		exam		of ma	rks
	I									
	II									
	III									
	IV									
	V									
	VI									
	VII									
	VIII									
Statement of										
Examination Madhyamik or equiv.		Board/		Year of Total n				Grade/	Class	%
		University		passing	obtained		of exam.	GP	/Div.	of marks
Madnyamik o	or equiv.									
\ /	ont									
HS or equivalent (10+2)										
B.Sc.(Hons.)										
(10+2+3)										
Other Qualifications										

Details of the Bank Draft (submitted along with this application form):

(DD in favour of M. Phil in Clinical Psychology, C. U., payable at Kolkata)

UNIVERSITY COLLEGE OF SCIENCE, TECHNOLOGY AND AGRICULTURE

1.		Name of the applicant (in block letters)									
2.		Calcutta University Registration No. (for C.U.	Students)								
3.		Present address (if any)									
		Telephone NoMobile	Email :								
4.		Permanent address		•							
	_		Telephone No								
	5.	•	. Domicile state								
6.		Male / Female / Third Gender									
7.		Married / Unmarried									
8.			Occupation Monthly Income								
9.		Mother's Name	Occupation Monthly Income								
10.		Husband's /Wife's name	Occupation Monthly Income								
11.		Guardian's name, relationship and occupation									
12.		Income of the family per month									
13.		Are you enjoying any scholarship or stipend (it	yes, state the name of the sponsor):								
14.		Details of employment (if employed) (if Yes, a No Objection Certificate from Employer to be submitted at the									
	time										
	of Inter	view)									
	•••••										
			ΓΙΟΝ / UNDERTAKING								
		ere by declare / undertake that the statements made above by me are true. If any error/misinformation is detected after									
			d as cancelled. I have not taken admission nor shall I take admiss without intimation. If I get admission I will be a full time student								
			or M.Phil in Clinical Psychology (2009) minimum attendance of 80								
		academic year) shall be necessary for taking the respective examination (Part I or Part II).									
	Endorse	ad									
	Liluoise	cu									
	Signatu	ure of father/mother/husband/guardian	Signature of the applicant								
	<i>5</i> ,		S								
	_		_								
	Date		Date								
	N. B.										

- Application must be accompanied self-attested copies of all relevant Mark Sheets and Certificates as applicable 1.
- For Sponsored candidates Employer Certificate must be attached to the application form All documents and photo submitted must be signed by the candidate himself/herself. 2.
- 3.
- Incomplete Forms are liable to be rejected. 4.