# Gwalior Mansik Arogyashala, Gwalior (M.P.)

## (An autonomous Institute under the Department of Medical Education, M.P.).

### Jail Road, Gwalior-474012, Ph. No.- 0751-2481841

<u>Website: www.gwaliormentalhospital.org</u>

## Admission notification for M. Phil course, session- 2020-22
## (Affiliated to Jiwaji University, Gwalior & Approved by RCI).

The Director Gwalior Mansik Arogyashala invites application on prescribe Performa for M. Phil in Clinical Psychology ( two years hospital based full time) course for the session 2020-22 at Gwalior Mansik Arogyashala Gwalior (M.P.)

- **Number of seats:** 8 Seats. (Duration:- 2 Years)

- **Essential Qualification for M. Phil in Clinical Psychology:** - Regular M.A/M.Sc. in Psychology / Applied Psychology of a recognised university with minimum 55% marks for UR candidates and 50% marks for ST/SC candidates.

- Reservation applicable as per M.P. Government Rule.

- **Examination Fee:** Rs. 1000/- for UR and OBC , Rs. 500/- for ( ST/SC candidates of Madhya Pradesh)

  Fee should be submitted as non-refundable demand draft drawn in favour of the **"Director, Gwalior Mansik Arogyashala"** payable at **Gwalior**. It should be enclosed with application.

- Candidates must enclose self attested photocopies of mark sheet, degree certificates, cast certificate,NOC if working, two recent passport size photo etc. . Application received without application fee or any other relevant documents will not be entertained. Attach checklist for the enclosures.

- The candidates must produces the original certificates, mark sheets, testimonials, caste certificates/ residential/disability certificates if applicable etc. and other relevant documents at the time of entrance examination.

- Stipend: Gwalior Mansik Arogyashala, will pay stipend to the selected candidates Rs. 2500/ -per month.

- **Note:** Candidates appearing in their final year PG examination can apply, but they must submit the proof of having passed the final year PG examination at the time of counselling. Otherwise they will not be allowed to appear in counselling and their candidature will be cancelled. .

- **Important Dates:**
  - ➢ **The last date of Submission of application is; 30.11.2020 by , 5 pm at Director office, Gwalior Mansik Arogyasha, Jail Road, Gwalior, M.P. Pin: 474012**
  - ➢ **Date of entrance Examination : 13.12.2020**
  - ➢ **Time of reporting at centre: 9 am**
  - ➢ **Date of Counselling : 14.12.2020**
  - ➢ **Date of Joining : 21.12.2020**
  - ➢ **Download the Application form from Hospital website.**

Note: Canvassing in any form will be a disqualification. Numbers of seat of the courses subject are liable to change without assigning any reason before admission by the director.

- For any Clarification/inquiry kindly contact on : **9406586814**

Director

Gwalior Mansik Arogyashala, Gwalior

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## APPLICATION FORM FOR ENTRANCE EXAMINATION 2019-21

### Website: www.gwaliormentalhospital.org

Roll No.:

(To be assigned by the office only)

Affix passport size photo

1. Course Name:

2. Reservation Category- GEN/ OBC/SC/ST

3. Name (in Block letter):

4. Gender-     1. Male    2. Female

5.  Father / Husband Name: (in Block letter)

6. Mother's Name: (in Block letter)

7. Date of Birth:

8. Marital status:  1. Married     2. Unmarried

9. Domicile state:

10. Email address:

13. Mobile No. :

11. Correspondence address:

12. Permanent address:

## 13. Educational Qualifications:

| Examination | Board/University | Subject | Year of Passing | % |
|---|---|---|---|---|
| High school | | | | |
| Intermediate | | | | |
| B.A. | | | | |
| M.A./M.Sc. | | | | |
| Any others | | | | |

## 14. Present occupation if any:-

## 15. Bank Details:-

| Issue Bank name | Issuing Branch | Amount | Draft No. | Date of issue |
|---|---|---|---|---|
| | | | | |

### Declaration

I...............................S/O D/O W/O..................................., do here by declare that all the details furnished by me in the application form are true. If any false information is found either before or after examination/ joining my candidature will be cancelled.

Date :

Place:

Signature of the Candidate: