



INSTITUTE OF HUMAN BEHAVIOUR & ALLIED SCIENCES

(An Autonomous Body of Govt. of National Capital Territory of Delhi)

G.T. Road: Dilshad Garden, Delhi – 110 095

Applications are invited by the institute in the prescribed format (Format given below) for admission to the following course:

M.Phil. Clinical Psychology: Academic session 2009-2011 (under Faculty of Medical Sciences, University of Delhi).

Number of Seats – 12* (SC-1, ST-1, GEN-10 & as per provision of OBC 27%)

Selected candidates will be considered for stipend **payment @ Rs.5000/-** per month. Another 4 seats in addition to the aforesaid 12 seats are available for foreign nationals (2 seats) and in service candidates (2 seats) without any payment of stipend. Fee from foreign nationals will be charged as per University of Delhi rules. Hostel facilities are available.

* Number of seats likely to be increased, subject to sanctioning and filling up the posts required for enhancement.

Eligibility: Regular MA/M.Sc. in Psychology/Applied Psychology/Cognitive Science/Clinical Psychology from recognized University with minimum 55% marks.

Application complete in all respects should be sent to **The Director, IHBAS, Post Box No.9520, Post Office-Jhilmil, Dilshad Garden, Delhi-110095**. Last date of submission of application form is **15th July 2009**. The fee of Rs.500/- non refundable in the form of Demand Draft drawn in favour of **Registrar, University of Delhi** should be enclosed with the application. Attested copies of mark sheets/degree certificates of the claimed qualifications and work experience in the application, should also be enclosed. Selection will be based on entrance test on **30st Aug. 2009** followed by interview to be held on **31st August** and **01st September, 2009**. Application form can also be downloaded from the website www.ihtbas.delhigovt.nic.in

Joint Director (Administration): IHBAS

APPLICATION FORM FOR M.PHIL CLINICAL PSYCHOLOGY
SESSION 2009-2011

1. Name (in block letters) : _____
2. Date of Birth : _____
3. Father's/Spouse's Name : _____
4. Mother's Name : _____
5. Permanent Address : _____
6. Correspondence Address : _____
(must specify Phone No.,
Fax No. and Mobile No.
if any and e-mail) _____
7. Gender : _____
8. Nationality : _____
9. Marital Status : _____

Recent
Passport size
photograph

10. Details of Educational Qualification:

Examination Passed-10 th onwards	Board/University	Year	Subjects	Percentage of Marks	Class/Div. obtained

11. Pl. tick (✓) the category : (a) ST ☐ (b) SC ☐ (c) OBC ☐ (d) GEN ☐

12. Work Experience, if any : _____

13. Research experience, if any : _____
(Enclose papers presented/published)

14. Declaration :

I hereby declare that information mentioned in the application form is true to the best of my knowledge.

(Signature of Applicant)

Place:

Date:

Recommendation of the Employer, if employed

(Signature & Seal)