राष्ट्रीय मानसिक स्वास्थ्य पुनर्वास संस्थान, सीहोर

National Institute of Mental Health Rehabilitation, Sehore

दिव्यांगजन सशक्तिकरण विभाग, सामाजिक न्याय और अधिकारिता मंत्रालय, भारत सरकार

Department of Empowerment of Persons with Disabilities (Divyangjan),
Ministry of Social Justice & Empowerment, Govt. of India

भोपाल इंदौर हाइवे, शेरपुर, सीहोर, मध्य प्रदेश - 466001

Bhopal Indore Highway, Sherpur, Sehore, Madhya Pradesh – 466001

आरोग्यार्थं मनःस्वास्थ्यम

वेबसाइट / Website: https://nimhr.nic.in, **फोन** / Phone :07562-223960, **ईमेल** / Email: nimhrsehore@gmail.com

Application Form

Bachelor in Clinical Psychology (2026-27)

Form No. _____ (to be filled by college)

1.	Student's Name		
2.	Father's Name		
3.	Mother's Name		
4.	Date of Birth		(DD/MM/YYYY)
5.	Gender		Male ☐ Female ☐ Transgender ☐
6.	Nationality		
7.	Aadhar Number		
8.	Category		Gen ☐ OBC ☐ SC ☐ ST ☐
9.	Persons with Disability (PwD)		YES ☐ NO ☐
10.	Are you Parent/ Child of PwD		YES ☐ NO ☐
11.	If yes, mention UDID number		
12.	Do you belong to EWS Category		YES ☐ NO ☐
13.	Permanent Address		Correspondence Address
	Address		
	Village/City		
	District		
	State		
	Pin Code		
14.	Mobile Number:		Email ID:
15.	UTR No.		Amount Paid:

16. Educational Qualification:

Name of the Examination	Board	Year of passing	Total Marks	Marks obtained	% obtained	Subject(s)
10th						
12th						

17. Documents Enclosed: Enclose 01 copy of each document as applicable

Sl. No.	Details of Documents	Yes/ No
1.	Copy of 10th Marksheet and Certificate	
2.	Copy of 12th Marksheet and Certificate	
3.	Copy of School Leaving Certificate	
4.	Copy of Caste Certificate	
5.	Copy of EWS Certificate of Current Financial Year	
6.	Copy Aadhaar Card	
7.	Copy of UDID Card of Self/ Parent/ Ward	
8.	Recent two-coloured passport size photographs	
9.	Medical Fitness issued by Government Hospital	
10.	Proof of Payment of Application Fee with UTR no.	

Note: All documents to be brought in original with two sets of copies during document verification.

Remarks (if any):

Declaration

I hereby declare that all the information and documents furnished by me is true and correct to the best of my knowledge and belief. In the event of any information being found incorrect or misleading, my candidature shall be liable for cancellation for admission by RCI, Barkatullah University or concerned training institutes at any stage.

Date: **(Name and Signature of the Applicant)**