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

Master's 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:	Date of Payment:

16. Educational Qualification:

Name of the Examination	Board/ University	Year of passing	Total Marks	Marks obtained	% obtained	Subject(s)
10th						
12th						
Graduation						
Masters						
Others/ Bridge Course						

17. Documents Enclosed: Enclose 01 self-attested copy of each document as applicable in a single pdf

Sl. No.	Details of Documents	Attached Yes/ No/ N.A.
1.	Copy of 10th Marksheet and Certificate	
2.	Copy of 12th Marksheet and Certificate	
3.	Copy of Graduation Marksheet and Degree Certificate	
4.	Copy of Masters Marksheet and Degree Certificate	
5.	Copy of Certificate/ Diploma/ PG Diploma of Bridge Course	
6.	Copy of Transfer Certificate	
7.	Copy of Migration Certificate	
8.	Copy of Caste Certificate	
9.	Copy of EWS Certificate of Current Financial Year	
10.	Copy Aadhaar Card	
11.	Copy of UDID Card of Self/ Parent/ Ward	
12.	Recent two-coloured passport size photographs	
13.	Medical Fitness issued by Government Hospital	
13.	Proof of Payment of Application Fee with UTR no.	

Note: All documents are to be brought in original with two sets of self-attested 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)**