



INSTITUTE OF HUMAN BEHAVIOUR & ALLIED SCIENCES

(NABH ACCREDITED Hospital for Patient Safety Quality Care (No. H-2012-0123)
(Hospital based autonomous academic Institute, under Govt. of NCT of Delhi dealing with)
"Brain- Mind Problems & Their Solutions"
Dilshad Garden, Delhi 110 095 (India)

CORRIGENDUM

M. Phil. Clinical Psychology Admission 2025-27

(The course is academically affiliated to University of Delhi and approved by RCI)

It is hereby informed that as per approval of Rehabilitation Council of India (RCI), New Delhi, one extra seat for PwD has been sanctioned in addition to already sanctioned 11 seats in respect to IHBAS. Therefore, the corrigendum with respect to seats will be as follows:

Number of Seats:

Total number of seats- 11+1 (PwD)

GEN/UR	5	SC	2	ST	1	OBC	2	EWS	1	PwD	1
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Submission of Application:

The Last date of submission of duly filled Application Form along with all necessary documents is extended up to 18th August 2025.

Other contents of the original advertisement/notice will remain unchanged.

(Dr. Rajinder K. Dhamija)
Director, IHBAS

APPLICATION FORM FOR M. PHIL. CLINICAL PSYCHOLOGY COURSE
SESSION 2025-27

1. Name (in block letters) : _____
2. Date of Birth : _____
3. Father's/Spouse's Name : _____
4. Mother's Name : _____
5. Permanent Address : _____

Photograph

6. Correspondence Address : _____
(Must mention Phone No.,
Mobile No. and e-mail) : _____
Mobile & Email are mandatory

Mobile _____ Email _____

7. Gender : _____
8. Nationality : _____
9. Marital Status : _____

10. Details of Educational Qualification (Enclose M.A./M.Sc. Final examination Marksheet only):

Examination Passed	Board/University	Year	Subjects	Percentage % of Marks	Class/Div. obtained/ CGPA
10 th					
12 th					
B.A.					
M.A./M.Sc.					

11. Please tick (✓) the category: (a) ST ☐ (b) SC ☐ (c) OBC ☐ (d) EWS ☐ (e) GEN/UR ☐ (f) PwD ☐
(Enclose ST/SC/OBC certificate and
Income & Asset Certificate for EWS)

12. Work Experience, if any : _____

13. Details of Application Fee: Amount: _____ SBI Ref. No. _____ Date: _____

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

Place: _____

Date: _____

(Signature of Applicant)