

7. Details of Educational Qualifications :

Course Studied	Name of The Degree/ Board	Major	Month & Year of Passing	Name of the Instn./College/University	Percentage of Marks/Class
H.Sc.					
Post Graduate					

(Enclose Original and Attested copies of provisional certificate (or) degree Certificate.)

(Individual Mark Statements will not be accepted)

Project

Paper

Electives for MBA / MCA / M.Phil/Ph.D/
B. Ed/M/Ed/B. Sc. Nursing

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I hereby declare that the particulars given above are true. If any of the particulars furnished are found to be false, I agree to forfeit my admission.

Date:

Signature of the candidate

Note : The following documents must accompany the filled-in-application

1. Original and Xerox copy of provisional or degree Certificate Plus 2 Mark Statement
2. Filled - in Student Index Card
3. Demand Draft for prescribed fee (Refer to Prospectus)

Certified that the Application is scrutinised. The Original Certificate is verified and returned to the Students The Candidate is found Eligible/Not Eligible.	<p>* Admitted / Not Admitted</p> Date of Admission _____
Signature of the Centre co-ordinator Study Centre code:	Registrar AeU India

Received back the Original Certificates :

(Signature of the Candidate)



INSTITUTE FOR PSYCHOTHERAPY AND MANAGEMENT SCIENCES-MUMBAI

15/126, Unnat Nagar - IV, B/H. Jain Temple, M. G. Road, Goregaon (West), Mumbai-400 062. Maharashtra.

Tel. 022-28790890 / 28711552. E-mail ID: ipmsmg@sify.com Website: www.druipms.org

ADMISSION FORM

CHOICE FOR THE COURSE :

For Office use only

Roll Number																			
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Date																			
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Remarks of the Selection Committee

1. Received Application Form on.....
2. Selected for admission / Admission Granted on.....

Signature of the admissions officer

Affix your
passport size
photograph and
attach four
extra
photographs

Name of the Applicant (IN CAPITAL LETTERS)

Father's Husband Name (IN CAPITAL LETTERS)

Address for Correspondence.....

Pincode

Phone (Office)..... Phone (Residence)

Nationality

Date of Birth

Sex : Male / Female

Educational Qualifications

Examination	University / Board	Institution	Year	Division	% of marks

(Attach attested copies of graduation certificate / Marks-Sheet)

Details of Experience (If any).....

Detail of Fees Paid : Draft No..... Dated..... Drawn on.....

DECLARATION

I,hereby declare that the particulars mentioned above are true and correct to the best of my knowledge that I have fully read and understood the contents of the prospectus. I further declare that I am bound to obey the rules and regulations of the Institute. I am fully aware of the nature, recognition & status of the Award and Diplomas for which I seek postal tuition through the Institute, I promise to pay the prescribed tuition fees as given in the prospectus and I also understand that the tuition fees once paid by me is not refundable under any circumstances and disputes are subject to mumbai legal jurisdiction.

Date

Place

Signature of the Applicant