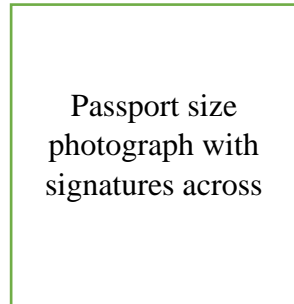


Application Form
For the Post of Clinical Psychologist

Wellcome Trust funded research project entitled “**Scalable digital phenotyping of momentary cognition in early course psychosis**”

I. PERSONAL DETAILS

1. NAME:
2. FATHER'S NAME:
3. DATE OF BIRTH (DD/MM/YYYY): AGE
4. NATIONALITY:
5. GENDER:
6. MARITAL STATUS:
7. REHABILITATION COUNCIL OF INDIA (RCI NO. as Clinical Psychologist):
8. CATEGORY: Gen/ OBC/ SC/ ST/ EWS/ PH



II. CONTACT DETAILS

1. CORRESPONDENCE ADDRESS:
2. CITY/ DISTRICT:
3. STATE:
4. COUNTRY:
5. PINCODE:
6. PHONE NUMBER:
7. EMAIL ID*:

**** this email ID shall be used for all correspondence***

V. PUBLICATION

List your publications in Vancouver style.

S No.	PUBLICATION

VI. AWARDS, DISTINCTION AND PRIZES, PAPER PRESENTATION, IF ANY

- 1.
- 2.
- 3.
- 4.
- 5.

VII. DECLARATION

I hereby declare that all the statements made in this application are true, complete and correct to the best of my knowledge and belief. In the event of any information being found false or incorrect or ineligible and deleted before or after exam/interview, I hereby convey my consent for cancellation of my candidature.

Signature of Candidate

Place:

Date:

List of enclosure

1. Date of Birth Certificate (School Leaving Certificate) Yes/No
2. Caste/Category Certificate Yes/No
3. Class 12th/High School Certificate Yes/No
4. Class 12th Marksheet Yes/No
5. Graduation Certificate Yes/No
6. Graduation Marksheet Yes/No
7. Post-Graduation Certificate Yes/No
8. Post-Graduation Marksheet Yes/No
9. Registration Certificate with RCI Yes/No
10. Copies of first page of publications Yes/No
11. Certificate of relevant work experience from previous employers Yes/No
12. Any other Document (Please specify):
 - a.
 - b.
 - c.