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)

ADMISSION NOTIFICATION

Master in Clinical Psychology 2026-28
(The course is academically affiliated to University of Delhi and approved by RCI)

Director, IHBAS, invites applications on prescribed Performa available on the website ***(https://ihbas.delhi.gov.in)*** *for admission to Master in Clinical Psychology (two years hospital based full time) Course for the session 2026-28 at Institute of Human Behavior & Allied Sciences (IHBAS) in academic affiliation with University of Delhi.*

Number of Seats:
Total number of seats- 28 Nos.

GEN/UR	**11**	**SC**	**04**	**ST**	**02**	**OBC**	**07**	**EWS**	**03**	**PwD**	**01**

Eligibility: *04 years B.A./B.Sc. degree in Psychology/Applied Psychology/ Clinical Psychology from UGC recognized University with minimum 55% marks (50% marks for candidates under reserved categories as applicable). Candidates who have completed their graduation programme in 03 years of Psychology shall have to pass fourth year bridge course or Masters programme in Psychology with minimum 55% of marks, and 50% for reserved category candidates*

Application Fee: *Rs.3000/- for General candidates. For reserved category candidates application fee will be Rs.1500/-. The application fee is to be deposited to the IHBAS Bank Account. The Complete form will be submitted along with application fee through Net Banking/Online Banking. The application fee is non-refundable/non-adjustable.*

Account Holder Name: Director, IHBAS
Bank Name: State Bank of India
Account No: 10172504586
IFSC Code: SBIN0009370

Documents: *The documents required to be enclosed with the application are: (a) Self- attested copy of mark sheet of B.A/B.Sc, M.A./M.Sc. final examination, (b) SC/ST/OBC/EWS/PwD certificate as applicable (c) copy of fee deposit slip or SBI collect reference number.* ***Application received without application fee or any other aforesaid documents will not be entertained.***

Tuition/ Examination Fee: *Tuition/Examination fee will be charged as per the University of Delhi rules and payable to the University of Delhi (Details are available in the prospectus).*

Stipend: *IHBAS will pay stipend to the selected candidates @ Rs.25000/- per month.*

Prospectus: *Prospectus with all the details will be available within a few days.*

Important Dates:

The last date of submission of application	***:21.11.2026***
Date of Entrance Examination	***:29.11.2026 (Tentative)***
Date of Counseling & Document Verification	***:To be notified after Entrance Examination***

Submission of Application:

The dully filled in application form along with all necessary documents should be sent to the office of ***"Head, Department of Clinical Psychology, Room No.-122, Academic Block, Ist Floor, IHBAS, Dilshad Garden, Delhi-110095****" only by registered/speed post or delivered personally on or* ***before 21th November 2025. Application sent through e-mail/online submissions will not be accepted.***

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(Dr. Rajinder K. Dhamija)
Director, IHBAS

APPLICATION FORM FOR MASTER IN CLINICAL PSYCHOLOGY COURSE
SESSION 2026-28

Photograph

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

_____

6. **Correspondence Address** :_____
(**Mobile & Email are mandatory**)
:_____

_____

_____

Mobile_____**Email**_____

7. **Gender** : _____
8. **Nationality** : _____
9. **Marital Status** : _____
10. **Details of Educational Qualification (Enclose B.A./B.Sc.,M.A./M.Sc. Final examination Marksheet only):**

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

11. Please tick (√) the category: (a) ST ☐ **(b) SC** ☐ **(c) OBC** ☐ **(d) EWS** ☐ **(e) PwD** ☐ **(f) Gen/UR** ☐
(Enclose ST/SC/OBC/PwD 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)