

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

M. Phil. Clinical Psychology 2025-27

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

Director, IHBAS, invites applications on prescribed Performa available on the website (ihbas.delhigovt.nic.in) for admission to M. Phil. Clinical Psychology (two years hospital based full time) Course for the session 2025-27 at Institute of Human Behavior & Allied Sciences (IHBAS) in academic affiliation with University of Delhi.

Number of Seats:

Total number of seats- 11 No.

GEN/UR	5	SC	2	ST	1	OBC	2	EWS	1
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Eligibility: M.A./M.Sc. in Psychology/Applied Psychology/ Cognitive Psychology/ Clinical Psychology/ Counseling Psychology/Health Psychology from UGC recognized University with minimum 55% marks (50% marks for candidates under reserved categories SC;ST;OBC;EWSs and PH). Candidates appearing in M.A./M.Sc. final exam can also apply, however, at the time of Entrance Test they need to necessarily bring M.A./M.Sc. Final Passing Certificate/Mark sheet.

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 M.A./M.Sc. final examination, (b) SC/ST/OBC/EWS/PH 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 is available on the Institute's website.

Important Dates:

The last date of submission of application	:31.07.2025
Date of Entrance Examination	:31.08.2025 (Tentative)
Date of Counseling & Document Verification	:To be notified after Entrance Examination

Submission of Application:

The duly 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, 1st Floor, IHBAS, Dilshad Garden, Delhi-110095" only by registered/speed post or delivered personally on or before **31st July 2025**. Application sent through e-mail/online submissions will not be accepted.

(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 Marksheets only):**

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

11. Please tick (✓) the category: (a) ST (b) SC (c) OBC (d) EWS (e) GEN/UR
(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)