

**IPMS AUTONOMOUS**

Roll / ID Card No.



***Institute for Psychotherapy and Management Sciences, Mumbai***

**FORM OF APPLICATION FOR REGISTRATION  
M.S. / P.G.D.P.C. / P.G.D.C.C. / M.B.A. / EXAMINATION IN MAY / DEC. 200**

NAME OF CENTRE					
1.Name of the Candidate(in block letters)					
2.Name of Father /Husband					
3. Address in Full					
4.Subject /Papers for which to appear('P' for passed & 'A' for appearing )					
Previous / First Year Examination			Final / Second Year Examination		
A/P	Paper	Subject / Papers	A/P	Paper	Subject / Papers
5.Sex : Male / Female			6.Medium : English		
7. Year in which the candidate completed the course			Previous / Firsrt Year		Final / Second Year
Details of fees paid for Examination					
Year	Amount paid	Name of the Bankl	D.D.No.	Date	

I declare that the information furnished above by me is correct to the best of my knowledge.

Place \_\_\_\_\_

Date \_\_\_\_\_

Signature of the Candidate

Certified that the candidate has completed the requirements of the course satisfactorily.

**Co-ordinator**

**Scrutinised by**

**Head of Department**