

Sl. No.

# RANCHI UNIVERSITY, RANCHI

## APPLICATION FORM FOR M.Phil./Ph.D. ENTRANCE EXAMINATION - 2022

Session : 2022-2024

For

### RANCHI INSTITUTE OF NEURO-PSYCHIATRY & ALLIED SCIENCES (RINPAS)

(The form must be filled carefully incomplete form is liable to be rejected)

I. Indicate (✓)

Course in which applicant sought admission through entrance examination

- a) Ph.D. in Clinical Psychology       b) Ph.D. in Psychiatric Social Work   
c) M.Phil. in Clinical Psychology       d) M.Phil. in Psychiatric Social Work

1. Name (IN BLOCK LETTER)

State Shri/Smt./Kumari : .....

2. Date of Birth

: .....

3. Father's / Husband's Name

: .....

4. Address for correspondence  
with PIN Code No.

: .....

Telephone No. and E-mail ID,  
if any

.....  
.....

.....

Self attested  
Passport Size  
Photograph

5. Whether belonging to Scheduled Caste / Scheduled Tribe .....

(If yes, enclose attested copy of the certificate issued by competent authority of Jharkhand Government.)

6. Particulars of Educational Qualifications:

Examination Passed	School/College/ University	Subjects offered	Division/ Class	% of Marks	Year of Passing
B.A./B.Sc./ B.Com. (Hons./General)					
M.A./M.Sc./ M.Com.					
M.Phil.					

Note : Enclose attested copies of Mark sheets.

7. Particulars of Demand Draft (attach original copy)

Demand Draft No. .... Date ..... Amount Rs. ....

Drawee Bank ..... Payable at Ranchi.

8. Please state whether you have already registered as a student of Ranchi University.

If yes, please write Registration Number and year of Registration .....

9. Present occupation with details of employment: .....

10. List of Enclosures (The copies must be self-attested):

(i) ..... (vi) .....

(ii) ..... (vii) .....

(iii) ..... (viii) .....

(iv) ..... (ix) .....

(v) ..... (x) .....

**Declaration:**

I hereby declare that the particulars furnished by me are correct to the best of my knowledge and belief. I am aware that any incorrect information may lead to cancellation of registration. I promise to abide by the rules and regulations of Ranchi University.

Place:

Date:

(Signature of the Candidate)

**Important :** Please enclose self-addressed 10" X 4" envelope.  
Copy of the Bank Challan/Photocopy of Bank Draft must be retained.

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For

RANCHI INSTITUTE OF NEURO-PSYCHIATRY & ALLIED SCIENCES (RINPAS)

## Admit Card

To be filled up by the candidate

Name (IN BLOCK LETTER)

State Shri/Smt./Kumari

: .....

Date of Birth

: .....

Father's / Husband's Name

: .....

.....

Address for correspondence  
with PIN Code No.

: .....

Telephone No. and E-mail ID,  
if any

.....

.....

Course in which applicant  
sought admission

: .....

Self attested  
Passport Size  
Photograph

### For office use only

1.) Examination Roll Number .....

2.) Date of Examination .....

3.) Place of Examination .....

Signature of Assistant

Signature of the Controller of Examinations  
Ranchi University, Ranchi