**School of Planning and Architecture, Bhopal**

**Summary Sheet to be filled by the applicants**

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| --- | --- |
| **POST –Clinical Psychologist (Female)** | **Advt. SPAB/RGO/Advt./2018-19/10 dated 07.08.2018** |
| **NAME OF CANDIDATE** |  |
| **FATHERS NAME / SPOUSE NAME** |  |
| **ADDRESS FOR COMMUNICATION** |  |
| **EMAIL** |  |
| **CONTACT NUMBER** |  |
| **Master Degree /M.Phil in Psychology/ Medical Psychology/ Clinical Psychology/Master in Psychiatry****(*Please mention acquired qualification below)*** |
|  |
| **Degree** | **University** | **Year** | **% / Grade** | **Remarks (if any)** |
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|  |  |  |  |  |
| **Central Rehabilitation Register (CRR) Number / Registration with Rehabilitation Council of India (RCI).** | **Yes / No**(please tick) | **Register (CRR) Number:**  |
| **Doctorate Degree in Clinical Psychology / Psychiatry or equivalent recognized qualification** | **Yes / No**(please tick) |
| **Experience** |
| **Organization** | **Designation** | **Duration** | **Remarks** |
| **From****DD/MM/YY)****(DD/MM/YY)** | **To (DD/MM/YY)**  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Place………………..

Date……………….. **Signature of the Candidate**