**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)** | |
|  |  |  |  | |  | | |
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Place………………..

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