

**APPLICATION FORM FOR THE POST OF CLINICAL PSYCHOLOGIST****(Fill in Block Letters)**

**Please affix  
recent  
passport size  
photograph**

1.	Full Name	
2.	Father's/ Husband's name	
3.	Address for Correspondence	
4.	Permanent Address	
5.	Email ID	
6.	Mobile Number	1. 2.
7.	Date of Birth (DD/MM/YYYY) (Please attach document for evidence)	
8.	Gender (Male/Female/Others)	
9.	Marital Status	
10.	Nationality	
11.	Name of the State to which you belong	
12.	Category of the Candidate (UR/OBC/SC/ST/EWS)	
13.	If physically challenged (PwBD category) Percentage of Disability	

13. Educational Qualifications: - [From 10<sup>th</sup> Standard onwards]

Examination Passed	University / Board/ Institution / Council of examination	Month & Year of Passing	Secured Marks / Total Marks	Percentage

14. Details of Work Experience: -

Name of Organisation	From	To	Designation	Nature of Duties performed	Total monthly emoluments	Reason for leaving service

15. Please bring original certificates along with one set of self-attested photocopies of relevant documents at the time of Interview.

16. Details of Application Fee

Application Fee paid :  
 SBI Collect Payment Receipt No. :  
 Date of Payment :

17. Additional qualification such as Membership of scientific society or professional bodies

S. No.	STATUS	NAME	DATE OF MEMBERSHIP

18. Publications: Number of Papers:

- Please do not include publications in predatory journals.
- Publications in pubmed indexed Journals and others should be specifically mentioned.
- Please don't include abstracts in conference proceedings, letter to editor, news paper articles in press or approved for publication, book review

	Published		Accepted for Publication (With Proof)	1 <sup>st</sup> Author / Communicating Author	Presented at Conferences
	Indexed	Non-Indexed			
National					
International					
Total					
Abstracts					

Publication Metrics and impact

ORCID ID		
Metrics	Total	Source
Total citations		
H index		
i10 index		

19. Papers Published (Details):

- a) Work done outside AIIMS Madurai (but published during the period under review) should be marked with an\* in the serial number column.
- b) Only include papers published in the period under review.

Sl. No.	List of Papers in Vancouver style	Type of paper (Original article / review / case report/ editorial)	Impact Factor

20. Books published / Chapter in Books / Books edited:

	Published		under Publication (With Proof)	1 <sup>st</sup> Author / communicating author
	Indexed	Non-indexed		
Text books				
Edited books				
Educational books				
Chapter in books				

21. Details of Research work and published material during the assessment period, if any, mention the details and enclose reprint thereof: -

Please enclose copies of 5 best original research papers published by you.

22. Thesis/dissertation guided

SL. No.	Ph.D / M.Phil / etc	Guide / Co-guide	Title of thesis / dissertation / Project

23. Patient Care Services (If not applicable- write NA)

- a) OPD Clinics attended per Month and name of hospital
- b) IPD duties assigned & done per Month and name of hospital
- c) Procedures undertaken
- d) New Technique Developed
- e) New Services Started, Creation of disease management programs
- f) Destination Programs (High Excellence)
- g) Interdisciplinary clinical treatment that are pace setters for other systems to adopt.
- h) Development of new care models/ care delivery methods

24. Training undergone

Name of the institute	Topic	Duration	
		From	To

25. Grants obtained as Principal Investigator: -

Sl. No.	Title of the project, sanction number & date	Intramural / Extramural	Name of funding Agency	Amount	Period from to

26. Grants obtained as Co-investigator: -

Sl. No.	Title of the project, sanction number & date	Intramural / Extramural	Name of funding Agency	Amount	Period from to

27. Research Collaboration: -

No	Title, Sanction number & Date	Source of funding	From	To	Amounts (Lakh Rs.)
<b>Patient Care</b>					
International					
1					
2					
National					
1					
2					
<b>Teaching / Training</b>					
International					
1					
2					
National					
1					
2					
<b>Research</b>					
International					
1					
2					
National					
1					
2					

28. Significant Outcomes of Completed / ongoing projects during the period review

No	Outcome	Extramural Project	Intramural project
Innovation			
1	Clinical care		
2	Diagnostic		
3	Research		
	Patents / IPR generated		
	Others (specify)		

29. Awards / fellowships / recognition / Prizes / Medals / Scholarship / honours with year of award

30. Membership of Editorial Boards of Indexed International Journals / Review Committees at National bodies / institutions (only those listed in PubMed, SCI, Excerpta Medica, Scopus, IndMed) or membership of executive committees, etc. of international/national scientific professional bodies (attach proof of appointment). Listed with others shall be enclosed separately.

31. List of Journals for which you have peer reviewed in the period under review (attach proof of appointment as peer reviewer)

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**DECLARATION**

I, ..... S/o/ D/o do hereby declare and affirm that all the statements made in this application are true, complete and correct to the best of my knowledge and belief and nothing has been concealed thereon. In the event of any information being found false or incorrect or ineligibility detected at any point of time, my candidature shall be liable to be rejected without any notice. I further declare that I fulfil all the conditions of eligibility regarding age limit, educational qualification and experience etc. prescribed for the post. I agree to abide by the terms and conditions of appointment. I am not employed in any Government Institution/ Autonomous body. OR I am employed with Government Institution/Autonomous body and if selected, I shall join duty only after acceptance of my resignation from my current employer.

**Signature of the candidate**

**Date:**

**Check List for the post of Clinical Psychologist**

<b>Sl. No.</b>	<b>Copy of the documents (Self Attested)</b>	<b>Please tick</b>
1	Proof of Date of Birth (Birth Certificate / Class 10 certificate)	
2	10 <sup>th</sup> or equivalent	
3	12 <sup>th</sup> or equivalent	
4	UG Degree (BA/B.Sc/Others)	
5	PG Degree (MA / M.Sc in Psychology)	
6	M. Phil in Clinical Psychology	
7	Ph. D in Clinical Psychology	
8	SC/ST/OBC/EWS certificate issued by the competent authority (if applicable)	
9	PwBD certificate issued by the competent authority (if applicable)	
10	Experience Certificates	
11	No Objection Certificate	
12	Identity and Address Proof (any two of Aadhar/PAN Card/Ration Card/Driving License/Passport/ any Govt. issued ID card)	
13	Passport size Photo (4 Nos.)	
14	SBI Payment Receipt (If applicable)	
15	Copy of certificate for informing office by Govt employee that they have applied	

**Signature of the candidate**

**Date:**

(Format of certificate to be submitted by Government Employees seeking age -relaxation)

(To be filled by the Head of the Office or Department in which the candidate is working)

1. It is certified that Shri / Smt / Kum. \_\_\_\_\_ is a Central Government Civilian employee holding the post of \_\_\_\_\_ in the pay scale of with 03 years regular / continuous service in the grade as \_\_\_\_\_.

2. There is no objection to his appearing for the post of \_\_\_\_\_ and document verification for the said recruitment.

Signature

Name

Tele No.

Office Seal

Place:

Date:

(\*Please delete the words which are not applicable)

FORM OF CERTIFICATE TO BE SUBMITTED BY EX-SERVICEMEN FOR SEEKING  
AGE-RELAXATION/APPOINTMENT AGAINST VACANCIES RESERVED FOR EX-  
SERVICEMAN

A. Form of Certificate applicable for Released/Retired Personnel

It is certified that No. \_\_\_\_\_ Rank.....

Name \_\_\_\_\_ whose date of birth is.....has rendered service  
from .....to \_\_\_\_\_ in Army / Navy / Air Force.

2. He has been released from military services:

a) On completion of assignment otherwise than

- (i) By way of dismissal, or
- (ii) By way of discharge on account of misconduct or inefficiency, or
- (iii) On his own request, but without earning his pension, or
- (iv) He has not been transferred to the reserve pending such release

b) On account of physical disability attributable to Military Service.

c) On invalidment after putting in atleast five years of Military service

3. He is covered under the definition of Ex-Serviceman (Re-employment in Central Civil Services and Posts) Rules, 1979 as amended from time to time.

Signature, Name and Designation of the Competent Authority  
SEAL

Place: .....

Date• .....

Delete the paragraph which is not applicable.