SIKKIM UNIVERSITY

[A Central University]

6th Mile, Samdur, Tadong, P. O. Gangtok – 737102
Telephone: 251415; Fax: 03592-251067
www.cus.ac.in

Application Form
[Clinical Psychologist/Mental Health Counsellor]

Photo

1. Name of the applicant (in block letter) :
2. Application for the post of :
3. Department of :
4. Specialization :
5. Telephone /Mobile number :
6. E-mail ID :
7. Date of Birth :
8. Address :

9. Academic Qualification (Please attach self attested copies of certificates)

Sl. No.	Examination Passed	Division with % of marks	Subjects	Year of Passing	Board / University	Distinction achieved, if any	Regular/ Correspondence Course

10. Details of Experience/Employment (if any):

Sl. No.	Employer	Designation (Regular / Contract / Ad-hoc)	Last Pay drawn with pay scale	Nature of Assignment	Period	
					From	To

I solemnly affirm that the above declaration is true and I understand that in the event of the declaration being found to be incorrect, I shall be liable to be dismissed immediately.

_____

Signature

Name: