



HELEN KELLER'S INSTITUTE OF RESEARCH & REHABILITATION FOR THE DISABLED CHILDREN



(Affiliated to Osmania University, Approval by Rehabilitation Council of India)

Bank Colony, Ramakrishnapuram, Secunderabad - 500 056, T.S.
Email: hkirrdc@gmail.com / Tel : 040-27111050, 27111070, Cell : 9849132708

(This form must be fully and legibly filled by the candidate,
Incomplete forms and forms without required documents will not be considered)

Online Application for Admission into B.Sc. Clinical Psychology (Hons.)

Affix recent
Passport size
Photograph of the
candidate

Application No. _____

For the Academic Year 2025 - 26

Last date for submission of application :

1. Name of the Candidate in full :
(in Block Letters as per SSC Memo)
2. Father's Name / Occupation :
3. Mother's Name :
4. Date of Birth:..... Age in Years :..... Months :.....
Place of Birth:..... Domicile:.....
5. Aadhar Card No.:.....
6. Marital Status:..... Nationality:.....
6. Religion and Community (SC/ST/OBC/OC)
Excuse Xerox Copy of caste certificate:.....
7. Address for Communication with Pin Code,.....
.....
.....
Phone No.....Email:.....
8. Permanent Address
.....
.....
Phone No.....Email:.....

II. Details of examinations passed from S.S.C./Matric onward (including HSC/Inter) XEROX COPIES of Certificates and mark sheets DULY ATTESTED by the Gazetted Officer.

Name of Examinations Passed	Subjects	Name of School/ College/Board/ University	Year of Passing	Marks allotted	Marks obtained	Division/ Percentage

III. Give particulars of languages you can :

READ ONLY	SPEAK ONLY	READ & SPEAK	READ & WRITE
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IV. Give two names of referees with their designations and addresses :

1.	Name :.....	2.	Name :.....
	Designation :.....		Designation :.....
	Address :.....		Address :.....
			
			
			

V. Enclose Conduct / Character certificate, issued by the Institutions in which you have last studied.

STUDENT DECLARATION

I declare that the above mentioned information in the application are true and correct to the best of my knowledge and belief. If any thing is found incorrect I may be terminated from the college without any notice thereof.

DATE :

SIGNATURE OF THE CANDIDATE

PLACE :

(Attested by the Parent / Guardian)

Parent / Guardian Undertaking

This is to undertake that my Son / Daughter / ward, Mr/Mrs. _____
_____ if admitted for the B.Sc. Clinical Psychology (Hons.) degree
course at Helen Keller's Institute, Bank Colony, Ramakrishna Puram, Secunderabad, I held responsible for
payment of fee which include examination, tuition, library etc.

That I _____ am fully responsible of my Son's/Daughter's/Ward's
conduct & character during the course of study and that he/she will abide by the rules & regulations imposed
by the Helen Keller's Institute from time to time.

Date :

Signature of the Parent / Guardian

Station :