



National Institute of Developmental Psychopathology
 4 Nazimuddin Road, F-11/4, Islamabad, Pakistan
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 website: <http://www.cyffisb.org.pk/>

CAP COURSES IN
Clinical Child and Adolescent Psychology (CAP)

A copy of recent photograph here

Registration / Admission Form

Name :S/D of

Address: _____

E-Mail: _____ Fax # _____

Phone # _____ Cell # _____

ACADEMIC RECORD (Please attach copies of the higher level degrees)

Examination	Institution / Board/ University	Year	Obtained / Total Marks	Grade/ Division	Main Subjects
B.A./B.Sc					
M.A./M.Sc.					
MS/M.Phil/					
PhD					

ANY TRAINING / CERTIFICATE/ DIPLOMA (Please Attach Copies of Certificates Etc)

<u>Title /name</u>	<u>Duration with dates</u>	<u>Institute</u>

EXPERIENCE / EMPLOYMENT / RECORD (if any): Please attach service certificate/s

Name & Address of Department/Organization	Post Held & Scale of Pay	Duration		Brief Job Description
		From	To	

APPLICATION

- I have deposited registration fee vide receipt No.....Dated
- I seek admission in the following subjects as and when these are offered (tick mark)

<p>Certificate Course (CAP- Certificate)</p> <ul style="list-style-type: none"> ○ Developmental Psychopathology & its Prevention . ○ Handling Adolescents Issues ○ Assessment of Developmental Psychopathology. ○ Treatment & Management of Disorders ○ Special and Remedial Education ○ Case Studies 	<p>Diploma Course (Diplom-CAP)</p> <ul style="list-style-type: none"> ○ Child, Adolescent and Adult Development. ○ Abnormal and Clinical Psychology ○ Theories of Personality Development ○ Guidance , Counseling and Psychotherapy ○ School and Educational Psychology ○ Advanced Level Practicum
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- I have already qualified the following (Tick Mark and also write CAP or Diploma No in front of the subjects where applicable.) . Please copies of Certificate / provisional certificate already obtained.

<p>Certificate Course (CAP- Certificate)</p> <ul style="list-style-type: none"> ○ Developmental Psychopathology & its Prevention . ○ Handling Adolescents Issues ○ Assessment of Developmental Psychopathology. ○ Treatment & Management of Disorders ○ Special and Remedial Education ○ Case Studies 	<p>Diploma Course (Diplom-CAP)</p> <ul style="list-style-type: none"> ○ Child, Adolescent and Adult Development. ○ Abnormal and Clinical Psychology ○ Theories of Personality Development ○ Guidance , Counseling and Psychotherapy ○ School and Educational Psychology ○ Advanced Level Practicum
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UNDERTAKING

I solemnly declare that information given in the form is correct. I UNDERSTAND THAT my admission is provisional and in case of any wrong statement/violation of rules, the organization reserves the right to cancel my admission at any time without any notice .I understand registration fee and other dues once paid are not refundable. I will abide by the rules and regulations which are enforced from time to time.

Dated:_____ **Signature of Candidate:**_____

Please send your admission form and registration fee (Rs 3000/=) if not already paid through bank draft / cheque payable in favour of “CYFF, Islamabad”. Or in Cash to CYFF main office (4-Nazimuddin Road F 11/4, Islamabad).

.....for Office use only.....

Comments / signature of the competent authority and Date: