Ap	plication	No.	(COGJET ID	):



## UNIVERSITY OF ALLAHABAD Centre of Behavioural and Cognitive Sciences (CBCS)

## **Application Form for Admission 2024-25**

M.Sc. in Cognitive Science

The completed scanned copy of the Application Form with annexures must be sent to <a href="mailto:puneet@cbcs.ac.in">puneet@cbcs.ac.in</a> latest by April 10, 2024 and secure the hard copy with you.

1.	Nam	e:									
2.	Fathe	er's Name:									
3.	Moth	er's Name:									
4.	Gend	der: Male/Female/Transgende		Self							
5.	Addr	ess for Correspondence:	<b>I</b>	Attested Photograph							
			''								
	E-ma	il:	Mobile No.:								
6.		anent Address:									
	Telephone No, Mobile No.:										
7.	Pleas	Please tick the appropriate box applicable to you, below (You must attach documentary evidence)									
	(A)	A) GEN (B) SC ST OBC (C) PHYSICALLY DISABLED (D) EWS									
8.	Educational Qualifications:										
(a)	Pleas	se give information about you	ır academic qualifications (At	tach self-at	tested photocop	y of the mark-sheets)					
SI	. No.	Name of Examination	Name of Board/University	Year	Division & % of Marks	Major Subjects					
(b)	Mediu	ım of Instruction at Undergra	duate Level:			· · · · · · · · · · · · · · · · · · ·					
9.	GAT	E Details: Subject			Year	Score					
	(Atta	(Attach the marks card) (converted score out of 40)									
10.	Any A	d like to mention	on:								
11.	Deta	Details of any professional training received:									
12.	2. Why do think you will make a good Cognitive Science Professional? (Attach a separate A-4 size sheet)										
13.	Marks Obtained in COGJET 2024 out of 40 (Attach the Performance Card)										