

TEST APPLICATION FORM

Name of Applicant _____

Name of Supervisor/Professor _____

Institution / Department _____

Test Required: (*title, year, author, edition, and publisher*):

Purpose: Research / Teaching / Clinical Assessment / Any other _____

Topic of research / teaching _____

M.Sc./M.Phil./Ph.D./M.S./Diploma/Any other _____

Undertaking

This is hereby specified that the above mentioned information is correct. I applied for the above mentioned scale after appropriate research and consultation with my supervisor. I am convinced that this Test/Videos/Resource Material is especially relevant to my work. I also understand that I have to follow the copy rights requirements of the test developers and will not violate the ethics of research at any moment. This work is the intellectual property of the author / publisher. No part of this test may be reproduced or photocopied or disseminate or to republish without written permission from the author / publisher. I am also under obligation to share my data and research findings with the TRC of NIP.

Supervisor/Professor

Student

Practitioner

Permission granted for the above mentioned research only

Coordinator (Signature & Stamp)

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