

NATIONAL INSTITUTE OF MENTAL HEALTH & NEURO SCIENCES (DEEMED UNIVERSITY) P.B.NO.2900, HOSUR ROAD, BANGALORE - 560 029

Application No:				Affix recent passport size photograph duly signed by the candidate
APPLICATION FOR THE POST (in Block letters)	OF			
Advertisement No.& Date (Name of newspaper & date in wh	ich appeared)			
TO BE SUBMITTED TO:				
The Director National Institute of Mental Health Hosur Road, Bangalore - 560 029		es		
Application fee particulars: (Name & address of branch, Challan No. date & amount etc.)	Challan No	o. & Date	Amount	Name of the Bank & Address
INSTRUCTIONS TO CANDIDATE	<u>:S:</u>			
 a) The application form should b b) All the columns should be fille c) Separate application should b d) Candidates who are in goverre e) Canvassing in any form will be f) Attested copies of educational certificates and testimonials/re g) If the space provided for furnished in a separate sheet 	d in and incomple sent for each pument service she a disqualification certificates, experences should shing particulars	lete application bost ould apply through the concerning certific be attached wagainst Sl.No.	will be rejected ugh proper channel ates, age proof, cast ith the application. 1 to 27 is insufficient	te/community ;, full particulars may be
Full Name (in block letters)				
2. Father's / Husband's Name Address & Occupation				

Mother's Name & Occupation	
4. Address for correspondence	
(Contact Telephone/Mobile/Fax/E-Mail ID/ number with STD code)	
5. Present Residential address	
6. Permanent address	
7. Date of Birth: a) Age as on last date of submission of application	Years Months Days
8. Sex (Male/Female)	
Marital Status (Unmarried/Married/Widower/Widow/Divorce)	
10. Nationality (by birth or by domicile)	
11. Name of the State to which you belong	
12. Religion	
13. Whether belongs to SC/ST/OBC, if so specify the category/community	
14. Whether coming under Persons with Disability category, if so whether :-(i) Visually disabled(ii) Orthopaedically disabled(iii) Hearing disabled	

15. Whether Ex-service service.	eman, if so, particulars of				
	candidate, if yes give /Designation/Date of ate/Autonomous organisation/				
	ollege/University studied C/10th standard & onwards)				
Name & address of the School/College		Date of joining	Date of leaving	Examination passed	
18. Educational/Techn (Starting from SSL	ical Qualifications C/10th standard & onwards)				
Examination Passed	Name of Institution/ Board / University	Duration of course	Date/month/ year of passing	Class / Percentage	Subjects studied

19. Details of work experience (after possessing minimum required qualification for the post):					
Designation	From	То	Organization	Place	Nature of work
20. Languages known to s	peak, read & wri	te	Speak	Read	Write
21. Knowledge of Hindi lar (Examinations passed					
22. Have you been a candi advertised by this Instit particulars and dates a you applied	ute, if so give	t			
23. References/Testimoni (from two responsible pii) a) Name b) Occupation c) Address					
ii) a) Name b) Occupation c) Address					
24 . Have you been in abre particulars: a) Country/countries visit b) Period of Stay c) Date of return to India d) Purpose of visit	ted	II			

 25. Have you done any post graduate work or published any papers & papers presented at conferences, if so give full particulars. a) Publications: (Journals / Papers / Chapters in Books / Books) (Please mention the numbers in figures) 	
National (i) Peer reviewed: (ii) Non peer reviewed: (iii) Others:	
International (i) Peer reviewed : (ii) Non peer reviewed : (iii) Others :	
b) Papers presented: (at conferences)	
National :	
International : (Please see the Annexure)	
c) Honour's & Medals :	
26. Any other relevant information	
27. List of enclosures	
 i) I, hereby declare that, all the above particulars furnished ii) I am aware that, my application is liable to be rejected incorrect. 	
	Signature of the candidate
Place:	
Date:	

NO OBJECTION CERTIFICATE FROM THE PRESENT EMPLOYER

Ref. No:	Date:
Certified that Shri./Smt./Kum	
is a narmonant / tamparam, ampleyee of this l	notitute / Organisation / DSU / Court Office in the
is a permanent / temporary employee of this i	nstitute / Organisation / PSU / Govt. Office in the
capacity of	since(Date) .
His/her application is recommended and forward	arded for the post. This Institute / Organisation /
PSU / Government Office has no objection for	applying/attending any interview to the post and
he/she would be relieved in the event of selection	on.
	Signature
	Designation
	(Head of the Organisation with office seal)
Place:	
Date :	

ANNEXURE

NAME OF THE CANDIDATE:	
POST FOR WHICH APPLIED:	
DETAILS OF PUBLICATIONS:	
1. Peer reviewed journals:	
a) International	No.:
Author	
Name of the article	
Name of the journal	
Year of Publication	
b) National	No.:
Author	
Name of the article	
Name of the journal	
Year of publication	

2. Chapters in Books

Name of the article:
Name of the editor
Name of the book
Name of the Publisher
Year of Publication
3. <u>Books</u>
Name of the author
Name of the book

Name of the publisher

Year of publication

Signature of the candidate