



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

Application No:

Affix recent
passport size
photograph duly
signed by the
candidate

APPLICATION FOR THE POST OF

(in Block letters)

Advertisement No.& Date

(Name of newspaper & date in which appeared)

TO BE SUBMITTED TO:

The Director

National Institute of Mental Health & Neuro Sciences

Hosur Road, Bengaluru - 560 029

Application fee particulars :
(Name & address of branch,
D.D. No. date & amount etc.)

D.D.No. & Date	Amount	Name of the Bank & Address

INSTRUCTIONS TO CANDIDATES:

- The application form should be filled in by the candidate's own handwriting or typed
- All the columns should be filled in and incomplete application will be rejected
- Separate application should be sent for each post
- Candidates who are in government service should apply through proper channel
- Canvassing in any form will be a disqualification
- Attested copies of educational certificates, experience certificates, age proof, caste/community certificates and testimonials/references should be attached with the application.
- If the space provided for furnishing particulars against Sl.No.1 to 27 is insufficient, full particulars may be furnished in a separate sheet of paper and enclose with the application, inserting reference to that effect.

1. Full Name (in block letters)

2. Father's / Husband's Name
Address & Occupation

3. 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 :	<input type="text"/>	<input type="text"/>	<input type="text"/>
a) Age as on last date of submission of application	Years	Months	Days
	<input type="text"/>	<input type="text"/>	<input type="text"/>
8. Sex (Male/Female)			
9. 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-serviceman, if so, particulars of service.					
16. Are you in-service candidate, if yes give particulars of Dept/Designation/Date of joining (Central/State/Autonomous organisation/ PSU/etc.)					
17. Details of School/College/University studied (Starting from SSLC/10th standard & onwards)					
Name & address of the School/College		Date of joining	Date of leaving	Examination passed	
18. Educational/Technical Qualifications (Starting from SSLC/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	To	Organization	Place	Nature of work
20. Languages known to speak, read & write			Speak	Read	Write
21. Knowledge of Hindi language (Examinations passed)					
22. Have you been a candidate for any post advertised by this Institute, if so give particulars and dates as to which post you applied					
23. References/Testimonials: (from two responsible persons) i) a) Name b) Occupation c) Address ii) a) Name b) Occupation c) Address					
24 . Have you been in abroad, if so give full particulars: a) Country/countries visited b) Period of Stay c) Date of return to India d) Purpose of visit					

<p>25. Have you done any post graduate work or published any papers & papers presented at conferences, if so give full particulars.</p> <p>a) Publications : (Journals / Papers / Chapters in Books / Books) (Please mention the numbers in figures)</p> <p>National</p> <p>(i) Peer reviewed : (ii) Non peer reviewed : (iii) Others :</p> <p>International</p> <p>(i) Peer reviewed : (ii) Non peer reviewed : (iii) Others :</p> <p>b) Papers presented: (at conferences)</p> <p>National :</p> <p>International : <u>(Please see the Annexure)</u></p> <p>c) Honour's & Medals :</p>	
<p>26. Any other relevant information</p>	
<p>27. List of enclosures</p>	
<p>i) I, hereby declare that, all the above particulars furnished by me is true to the best of my knowledge & belief. ii) I am aware that, my application is liable to be rejected if the particulars given is incomplete or found to be incorrect.</p> <p style="text-align: right;">Signature of the Candidate</p> <p>Place:</p> <p>Date :</p>	

NO OBJECTION CERTIFICATE FROM THE PRESENT EMPLOYER

Ref. No:

Date:

Certified that Dr.Shri./Smt./Kum.

is a permanent / temporary employee of this Institute / Organization / PSU / Govt. Office in the
capacity of since (Date) .

His/her application is recommended and forwarded for the post. This Institute / Organization /
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.

Signature

Designation

(Head of the Organization 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. Books

Name of the author

Name of the book

-:3:-

Name of the publisher

Year of publication

Signature of the Candidate