

APPLICATION FORMAT

The National Tele Mental Health Programme of India – TeleManas)
Mentoring Institute, Dept. of Psychiatry, AIIMS Rishikesh

A. Name of the Applicant: _____

B. Post applied for: (please mention clearly) _____

C. Age (as on date of Advt.): _____ D. Gender: _____

E. Date of Birth: _____

F. Father's / Husband's Name: _____

G. Present Address: _____

H. Mobile No. _____ I. Telephone: _____

J. E-mail address: _____

K. Permanent Address: _____

L. Preferred Communication Address: Present / Permanent _____

M. Educational Qualification: (Self-attested Proof - Xerox copies to be attached)

Qualification	Year	Board / University	% of Marks obtained	Attempts / Remarks
High School				
Secondary School				
Essential qualification (as per advt.)				
Desirable / Other (plz mention)				

Paste latest (self-attested) passport size photograph

N. Experience: (Self-attested Proof- Xerox copies to be attached)

Post	Organization	From / To	Period	Salary

O. Any other:

Signature of Candidate:

Name of Candidate:

Date:

Place: