



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

Affix recent
passport size
photograph duly
signed by the
candidate

APPLICATION FOR THE POST OF
(in Block letters)

Advertisement No.& Date

TO BE SUBMITTED TO:

The Director
National Institute of Mental Health & Neuro Sciences
P.B.No.2900, Hosur Road, Bengaluru - 560 029

Application fee particulars :
(Name & address of
branch,
date & amount etc.)

Transaction Details & 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 b) 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 :			
a) Age as on last date of submission of application	Years	Months	Days
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					

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 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. Signature of the candidate Place: Date :	

NO OBJECTION CERTIFICATE FROM THE PRESENT EMPLOYER

Ref. No:

Date:

Certified that Shri./Smt./Kum. _____

is a permanent / temporary employee of this Institute / Organisation / PSU / Govt. Office in the

designation of _____ since

_____ (Date) . His/her application is recommended and forwarded 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.

Signature

Designation

(Head of the Organisation with office seal)

Place:

Date :

APPLICANT BANK ACCOUNT DETAIL FORM		
BASIC DETAILS	NAME OF THE APPLICANT	
	POST TO WHICH APPLIED	
	CITY / POSTAL CODE	
	DISTRICT	
	STATE	
	COUNTRY	
BANK DETAILS	ACCOUNT HOLDER NAME	
	BANK NAME	
	BANK ACCOUNT NUMBER	
	BANK IFSC CODE	
CONTACT DETAILS	CORRESPONDENCE ADDRESS	
	EMAIL ID	
	MOBILE NUMBER	

- 1) I hereby declare that, all the above particulars furnished by me are true to the best of my knowledge & belief.
- 2) I am aware that, my application is liable to be rejected if the particulars given are incomplete or found to be incorrect.

Applicant Signature

PAYMENT DETAILS MADE BY THE CANDIDATE

NAME OF THE APPLICANT	
POST APPLIED FOR	
MODE OF PAYMENT	a) Digital Payment b) BHIM App c) Debit Card d) Credit Card e) Wallet f) IMPS g) Net Banking h) Others -..... Kindly choose the above option.
TRANSACTION ID / REF NO	
DRAWN ON BANK	
DATE OF PAYMENT	
AMOUNT	
REMITTANCE/ TRANSACTION COPY ENCLOSED	
REMARKS	

- 1) I hereby declare that, all the above particulars furnished by me are true to the best of my knowledge & belief.
- 2) I am aware that, my application is liable to be rejected if the particulars given are incomplete or found to be incorrect.

Applicant Signature

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.