



**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
- Self 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"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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 organization/ 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 &amp; 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 &amp; 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 &amp; 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: Date :</p>	

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	

I hereby declare that the particular given above are correct and complete.

Applicant Signature

## PAYMENT DETAILS MADE BY THE CANDIDATE

NAME OF THE APPLICANT	
POST APPLIED FOR	
MODE OF PAYMENT	
<b>TRANSACTION ID / UTR / IMPS</b> REF NO (MANDATORY WITHOUT WHICH APPLICATION WILL BE REJECTED)  Kindly enter the correct UTR / IMPS number.	
DRAWN ON BANK	
DATE OF PAYMENT	
AMOUNT	
REMARKS	

I hereby declare that the particulars given above are correct and complete.

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.