



**NATIONAL INSTITUTE OF MENTAL HEALTH AND NEURO SCIENCES
INSTITUTE OF NATIONAL IMPORTANCE, BENGALURU – 560 029**

Application / Registration Form for Exit Examination (TO BE FILLED IN BLOCK LETTERS ONLY)

Personal Details of Candidate	
Name	(Affix recent Stamp Size Photograph)
DOB (in DD/MM/YYYY Format)	
Gender	
Email ID	
Contact Number	
Address for Communication:	
Details regarding Exit Examination	
Name of the Course	Part/ Year
Year of Admission	
ID Card No. (To be correctly written as it will be mapped for Biometric)	
Applying for Type of Exit Examination	Annual Examination OR Mid-Exam OR Supplementary Examination
Month and Year of Passing previous exit examination	Month:..... Year:..... Part ORYear
List of subjects for which candidate is taking exit examination (applicable only for repeaters under UG course)	
Details of Fees remitted	Challan No.:..... Date:..... Amount(In figures):.....
*Declaration	I hereby declare that the information provided above are true & correct to the best of my knowledge and if any information is found false, I may be held responsible/ liable. Date: _____ Signature of the Candidate _____
*Declaration of the candidate (If applicable)	I hereby declare that the information provided above are true & correct to the best of my knowledge and if any information is found false, I may be held responsible/ liable. Date: _____ Signature of the Candidate _____
*Name & Designation of the person under whose guidance the thesis has been prepared (If applicable)	I declare that the dissertation I am presenting titledprepared by me under the guidance of and has not formed the basis for the award of any Degree or Diploma to me previously. Date: _____ Signature of the Guide _____ Name of the Guide _____

***Applicable only to Final year / Part II candidates who submit their dissertation for evaluation.**