



NATIONAL INSTITUTE OF MENTAL HEALTH & NEURO SCIENCES  
(INSTITUTE OF NATIONAL IMPORTANCE)  
BENGALURU-560029

APPLICATION FOR Pre-Ph.D EXAMINATION 20.....

<b>Name :</b> <b>(In Block Letters)</b>	
<b>Date of Birth and Age:</b>	
<b>Name and Occupation of Father or Guardian :</b>	
<b>Nationality :</b> <b>Does he/she belong to SC/ST?</b>	
<b>Address :</b>	
<b>Mobile Number &amp; Email ID :</b>	
<b>Date of Registration for Ph.D :</b>	
<b>Title of the Research Work :</b>	
<b>Name of the Guide :</b>	
<b>Name of the Co-Guide(s) :</b>	
<b>Department in which research Is Undertaken :</b>	
<b>Whether the exam fees paid ?</b>	<u>YES/NO</u>
<b>Transaction ID/Ref. No.</b>	
<b>If Repeater, Register No. and Date of Previous Examination :</b>	
<b>Whether the Ph.D student has Successfully completed the Ph.D Course Work :</b>	YES/NO
	PERIOD : From ..... To.....
<b>Signature of the Guide :</b>	
<b>Attendance &amp; Progress from the HOD :</b>	
<b>Signature of the Head of the Department :</b>	

Signature of the Candidate

Candidate's ID No.