



**NATIONAL INSTITUTE OF MENTAL HEALTH & NEURO SCIENCES
INSTITUTE OF NATIONAL IMPORTANCE, BENGALURU - 560 029 INDIA**

Instructions to provisional selected candidates to PDF & Ph.D. Courses:

1. Provisional Selected candidates list is announced in the ratio of 1:2 against available seats.
2. Eligible candidates in the ratio of 1:1 are **only** permitted to furnish their willingness through link on the website to join course at NIMHANS between 02.11.2020 to 07.11.2020 failing which candidature to **join the course** will not be considered at any cost. In case of non-indication of willingness through the link in the window period, link for 2nd list - willingness will be functional from the provisionally selected candidates list depending on the remaining seats arising after completion of 1st list of admissions on 16th November 2020. Kindly visit website for further updates.
3. Candidates are permitted to complete Admission procedure subject to verification of the qualifying certificates
4. The date of admission pertaining to selected candidates of session 1 online entrance test AY 2020-21 is as detailed below. The Admission procedure is scheduled 'course wise' due to COVID 19 outbreak situation and depending on guidelines of Govt. of India and Govt. of Karnataka time to time. Candidates who have given willingness have to report without fail. The **institute is not responsible** for inability to attend admission procedure due to any reasons including COVID 19 positive or travel restrictions etc.,

Venue : NBRC,4 th Floor, NIMHANS	Reporting Time: 8.30AM	Reporting Time: 12.30PM
16.11.2020	Ph.D. Courses	OSCE listed PDF courses under Dept. of Psychiatry & PDF Neurocritical Care

The following admission formalities are required to be completed by the candidates who have given willingness.

1. Candidates have to report at venue with hardcopies of their Declaration certificate by applicant, guardian and employer, Declaration and oath/ affirmation form by the student, Medical fitness certificate (**formats attached**)
2. Safety measure towards COVID 19 pandemic situation to be strictly followed by candidates during entire session of admission procedure.
3. Verification of original documents/certificates, Valid Fellowship Award letter (for Ph.D. candidates under External Fellowship Category only) on the day of admission.
4. Hostel allotment will be from 01.01.2021 only subject to availability. (**Application Form attached**).
5. Fee details is available at page no. 79 & 80 of Prospectus 2020-21
6. Tie-breaking (if applicable) will be done on the day of admission as per Page no. 75 of Prospectus.
7. The candidate shall submit all original certificates/documents as stated in prospectus pagefrom 70 to 72 along with five sets of photocopies of certificates/documents.
8. Submit two recent Stamp-size and Passport Size Photographs.
9. **Remit Fees through SB Collect only using Debit Card / Credit Card or Net Banking on the day of Admission.**
10. Submit a self-attested Photocopy of PAN Card, Aadhaar Card and Voter ID.
11. Agreement Bond format will be shared after completion of admission formalities via email, which needs to be submitted by candidate on 01.01.2021 without fail.
12. Kindly refer to Page 77 of Prospectus 2020-21 regarding Penalty Clause.
13. The decision of the Director of the Institute shall be final in all matters of selection of candidates for admission to the various courses and no appeal shall be entertained on this subject.
14. **Kindly bring the duly filled & signed formats of the below attachments on the day of admission without fail.**

Date: 27.10.2020

Bandina Devi
Dean & Controller of Examinations
27/10/2020

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MEDICAL CERTIFICATE OF HEALTH

(To be filled in Block Letters only)

I hereby certify that I have examined **(Name)** _____, a candidate for admission as a student to _____ **course** at National Institute of Mental Health and Neurosciences (NIMHANS), Bengaluru, India and cannot discover that he/she **(Tick the appropriate)** disease (communicable or otherwise), constitutional weakness or bodily infirmity except _____.

I do not consider this as disqualification for his/her **(Tick the appropriate)** admission as a student to **Ph.D. in** _____ course at NIMHANS.

Sri/Smt/Dr.**(Name)** _____
_____ 's age according to his/ her own statement is _____ years **(to be filled in)** and by appearance about _____ years **(to be filled in)**.

Place: _____

*Signature and Seal of the Medical Officer
of a Central /State Govt. Hospital*

Date: __/__/____



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DECLARATION BY THE STUDENT

1. I, Ms./Mr./Smt. _____ declare as under:

(Cross out which is not applicable)

- a) that I am unmarried/a widower/a widow *(Tick which is applicable)*.
 - b) that I am married and have only one wife living.
 - c) that I am married and have more than one wife living.
 - d) that I am married and that during the life time of my spouse, I have contracted another marriage.
 - e) that I am married and my husband has no other living wife to the best of my knowledge.
 - f) that I have contracted a marriage with a person who has already one wife or more living. Application for grant of exemption is enclosed.
2. I solemnly affirm that the above declaration is true and I understand that in the event of the declaration being found to be incorrect after my application, I shall be liable to be dismissed from the course.

Date:

Signature of the Student

FORM OF OATH/ AFFIRMATION

I, Ms./Mr./Smt. _____ *(Name of the Student)*, do solemnly affirm that I will be faithful and bear true allegiance to India and to the Constitution of India as by Law established. I will uphold the sovereignty and integrity of India and that I will carry out the duties of my office loyally, honestly and with impartiality.

Signature of the Student

Declaration Certificate by Applicant

I. To be provided by the Applicant

- 1) I agree to undergo the course on a full time basis and shall not engage myself in any kind of private practice during the period of the course. I will not pursue any part time course elsewhere unless permitted by the Institute.
- 2) I agree that during my stay at the Institute, I shall not draw my pay/allowances or fellowships from any other source, if I am employed as a Resident. I declare that I shall abide by the Rules and Regulations of the Institute and those that are framed from time to time.
- 3) I hereby declare that the information given in this application is true and correct to the best of my knowledge and belief. In case any information given in this application proves to be false or incorrect, I shall be responsible for the consequences.
- 4) I agree that I will not indulge in ragging and am aware that Ragging is banned in this Institution. If at any point of time, any incident of ragging comes to the notice of the authority and if I cannot give satisfactory explanation, the authority may expel me from the Institute.
- 5) I also declare that if any information provided by me is found false, my candidature will be rejected at any point of time. Mere permission to write the Entrance Test does not mean that I am eligible for admission to courses at NIMHANS.

Place:

(Signature of the Applicant)

Date:

II. To be provided Parent/Spouse/Guardian of the Applicant

1. I hereby declare that I am responsible for the timely payment of all dues to the National Institute of Mental Health and Neurosciences, Bengaluru (NIMHANS), in respect of my son/daughter/ward/spouse..... (Name of the Applicant) during the period of his/her study at the Institute and thereafter, until the accounts are cleared.
2. I am also aware that Ragging is banned in this Institution, if any incident of ragging comes to the notice of the authority and if my son/daughter/ward/spouse cannot give satisfactory explanation, the authority can expel him/her from the Institute.

Place:

(Signature of Parent/Spouse/

Date:

Guardian of the Applicant)

III. Forwarding note to be signed by the Employer under whom the applicant is employed (Applicable for Sponsored/Deputed Candidates)

1. I certify that the application is being made with my permission and that there is no objection to release the applicant if selected for the courses, within the prescribed limit of time.
2. I also certify that I shall inform the authorities of the National Institute of Mental Health and Neuro Sciences, Bengaluru (NIMHANS), about the financial terms and remit salary, Leave salary, Deputation Allowances, etc., to the Institute Account which will be paid to the Applicant for the period of the period of training from the Institute.

Place:

(Signature and Seal of the Employer)

Date:



NATIONAL INSTITUTE OF MENTAL HEALTH AND NEUROSCIENCES

INSTITUTE OF NATIONAL IMPORTANCE

BENGALURU, INDIA- 560 029

Application Form for Admission to Hostel

1. Name of the Student: _____
2. Date of Birth: __/__/____ (DD/MM/YYYY) Age: ____ Years
3. Gender: Male/Female/Others (*Strike out which is not applicable*)
4. Marital Status: Married/Unmarried
5. Course for which he/she is joining the Institute: _____
6. Duration of the Course: _____ Years
7. Name of the Guardian: _____
8. Relation with the Guardian: _____
9. Address of the Guardian: _____

_____ PIN CODE: _____

10. Category of the Student: External Fellowship Student/Permanent Employee of NIMHANS/Tenured Employee of NIMHANS/ Employee of Project (*Strike out which is not applicable*)

DECLARATION BY STUDENT

I have read the rules and regulations framed by the Hostel Authorities. I also promise to abide by such other rules and regulations as may be framed from time to time by the Hostel Authorities for the conduct of Hostelties.

Signature of the Student

ENDORSEMENT BY THE HEAD OF THE DEPARTMENT

Forwarded to the Warden with recommendation for allotment of a room in Men's/Ladies Hostel.

Seal and Signature of Head of the Department

RECOMMENDATIONS OF THE WARDEN

Admitted/Allotment of Room No. _____ OR

Regretted. No accommodation is available in the Hostel. Please keep the application in the waiting list.

Date:

To,

The Administrative Officer ,
NIMHANS, Bengaluru-560 029.

Signature of the Warden

FOR OFFICE USE ONLY

Hostel & Caution Money Deposit of Rs. 5,000/- paid vide Challan No. _____ dated _____ has been paid by the student.

Date:

Signature of AO(A&E)