



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

Application Form for Annual / Supplementary Examination (TO BE FILLED IN BLOCK LETTERS ONLY)

<u>Personal Details of Student</u>	
Name as per ID Card	
D.O.B	/ / (in DD/MM/YYYY Format)
Gender	FEMALE / MALE
Email ID	
Contact Number	
Address for Communication:	
<u>Details regarding Exit Examination</u>	
Name of the Course Part/ Year
ID Card No.	
Applying for Type of Exit Examination	Annual Examination OR Mid-Exam OR Supplementary Examination
Month and Year of Passing the previous examination at NIMHANS for above mentioned course	Month:..... Year:..... Part ORYear
List of subjects for which candidate is taking exit examination (applicable only for repeaters under UG course)	
Details of Examination and Application Fees remitted	Challan No./SB Collect Reference Number : Date of remittance : 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 Student
* 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 Student
* 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
Signature of the HOD/ Principal	

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