



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

**Instructions to Provisionally selected PG candidates**

1. For DM in Neurology Course candidates from Sl. No. 1 to 25 and for PDF Course Candidate at Sl. No. 1 only are permitted to furnish their willingness through link which will be uploaded in the website to join course at NIMHANS between 14.12.2020 to 19.11.2020 failing which candidature to **join the course** will not be considered at any cost.
2. Submitting of willingness will not guarantee the admissions.
3. The admission procedure shall stop as soon as the notified seats are filled.
4. Candidates are permitted to complete Admission procedure subject to verification of the qualifying certificates.
5. The date of admission pertaining to selected candidates of session 2 online entrance test AY 2020-21 will be held on 1<sup>st</sup> January, 2021. Candidates who have given willingness have to report without fail. The **Institute is not responsible** for inability to attend the admission procedure due to any reasons including COVID 19 positive or travel restrictions etc.,
6. Further, not attending the admission formalities after submission of willingness and representation to extend the willingness window will not be entertained for consideration of candidature to course later.
7. Candidates who have submitted their willingness are **ONLY** permitted to attend the admission formalities ON 01.01.2021 @ 09.00 AM at NBRC Building, 4<sup>th</sup> Floor.

**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. Submission of original documents/certificates, on the day of admission is mandatory.
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 through payment portal available in our NIMHANS website using Debit Card / Credit Card or Net Banking. (Instructions for payment is enclosed)**
10. Submit a self-attested Photocopy of PAN Card, Aadhaar Card and Voter ID.
11. Agreement Bond format along-with offer letter will be shared in due course via email, which needs to be submitted by the candidate on 10.01.2021 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: 10.12.2020

*Bhndina Devi*  
Dean & Controller of Examinations  
11/12/2020



**NATIONAL INSTITUTE OF MENTAL HEALTH AND NEUROSCIENCES**  
**INSTITUTE OF NATIONAL IMPORTANCE**  
**BENGALURU, INDIA- 560 029**

**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 \_\_\_\_\_  
\_\_\_\_\_ 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: \_\_/\_\_/\_\_\_\_



**NATIONAL INSTITUTE OF MENTAL HEALTH AND NEUROSCIENCES**  
**INSTITUTE OF NATIONAL IMPORTANCE**  
**BENGALURU, INDIA- 560 029**

**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.
- 3) I declare that I shall abide by the Rules and Regulations of the Institute and those that are framed from time to time.
- 4) 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.
- 5) 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.
- 6) 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:  
Date:

(Signature of the Applicant)

### **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:  
Date:

(Signature of Parent/Spouse/  
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:  
Date:

(Signature and Seal of the Employer)  
Office seal and address of the Employer



# 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)