



NATIONAL INSTITUTE OF MENTAL HEALTH AND NEURO SCIENCES
(INSTITUTE OF NATIONAL IMPORTANCE)
Bengaluru – 560 029.

Name of the Candidate																
Present Correspondence Address																
Course Applied for																
Category	General	OBC	SC	ST	Others											
Contact no																
email Id																
Father/Guardian/ Spouse Name																
Gender	Male	Female	Date of Birth		D	D	M	M	Y	Y	Y	Y				
Age																
Nationality							Others									
Qualification																
*Relevant certificates as applicable to be enclosed.																
Year of Passing																
RN & RM certificate No:																
Designation																
Date of joining into the service	D	D	M	M	Y	Y	Y	Y								
Ward/Department of Posting																
Payment Details:																
Transaction ID:																



**NATIONAL INSTITUTE OF MENTAL HEALTH AND NEURO SCIENCES
INSTITUTE OF NATIONAL IMPORTANCE
Hosur Road, Bengaluru, India-560 029**

INSTRUCTIONS TO THE APPLICANTS FOR POST BASIC B.Sc NURSING COURSE

(Please adhere to the following instructions strictly)

1. Fill in the application either in your hand writing neatly and legibly or type.
2. Please write or type in BLOCK LETTERS. Insert one letter in each block.
3. Fill in ✓ where applicable, e.g. Mr. X

Sex

 Male Female

4. Copies of all certificates supporting the claims made in the application must be enclosed.
5. Affix one recent passport size photograph to the application form on the front page.
6. The last date for receipt of application is 27.03.2021.
7. APPLICATIONS RECEIVED AFTER THE DUE DATE WILL NOT BE CONSIDERED.
8. INCOMPLETE APPLICATIONS WILL BE REJECTED.

PS: instructions sheet need not be attached to application.

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:

(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/
Guardian of the Applicant)

Date:

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:

Office seal and address of the Employer