



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 **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.
- 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



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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 Hostalities.

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)



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Original Certificates/Documents submission Form for UG Courses

From,

Date ___/___/___

Name with Salutation- _____

Permanent Address _____

_____ PIN Code- _____

Contact Number- _____ Email ID _____

To,
The Director,
NIMHANS,
Bengaluru- 560 029.

Sir,

Sub: Submission of Original Certificates/Documents as part of admission formalities

With reference to the above, I am willing to join the _____
_____ course under

_____ category
for the Session 1 of the Academic Year 2020-21, which is commencing from 01st January, 2021. I am hereby submitting the below mentioned Certificates/Documents as a part of admission formalities to the above mentioned course:

Sl. No.	Name of the Certificate/Document	If applicable? (Tick the option)	Number of Certificate/s (in Figures)
1.	S.S.L.C/ 10 th Marks Card	Yes / No	
2.	H.S.C/ 12 th Marks Sheet	Yes / No	
3.	Transfer Certificate (from the Institute/College where last educational qualification was obtained)	Yes / No	
4.	Migration Certificate (from the University/Board where last educational qualification was obtained)	Yes / No	
5.	<u>If selected under SC/ST/OBC Category-</u> a. SC or ST Caste Certificate issued by any State Government in India OR	Yes / No	

	b. OBC Certificate issued as per Gazette Notification of Govt. of India <i>(If the above Certificate is in any Regional Language, a Certified Translation Copy in English has to be submitted along with the Original Certificate)</i>		
6.	<u>If selected under Karnataka Domicile Category-</u> Domicile Certificate of 7 Years in state of Karnataka <i>(If the Certificate is in any Regional Language, a Certified Translation Copy in English has to be submitted along with the Original Certificate)</i>	Yes / No	
7.	<u>If selected for B.Sc. Radiography under Diploma category with '3 years' work experience after 10th/SSLC' as qualification-</u> Work Experience Letter from Employer	Yes / No	
8.	<u>If selected under EWS category</u> Income Certificate & EWS Certificate	Yes / No	
9.	Any other Certificates/Documents:	Yes / No	

I am aware that the above certificates/documents have been submitted by me to NIMHANS for safe custody during the duration of the above mentioned course and will be returned to me, only after the completion of "Dues Clearance" Procedure by A&E Section, NIMHANS.

Kindly accept my consent letter in this regard and do the needful.

Thanking you,

Yours faithfully,

(Signature of Student)