

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

<u>Application / Registration Form for Exit Examination (TO BE FILLED IN BLOCK LETTERS ONLY)</u>

Personal Details of Candidate							
Name							
DOB (in DD/MM/YYYY	,	1					
Format)	/	/				(Affix recent S	Stamn Size
Gender	FEMALE / MALE					Photogr	=
Email ID						Thotogr	арпу
Contact Number							
Address for							
Communication:							
Details regarding Exit Examination							
Name of the Course							
pursued/pursuing at	Part	/	\	'ear			
NIMHANS	1 01 0						
Year of Admission to the							
above course							
ID Card No. (To be correctly							
written as it will be mapped							
for Biometric)							
Applying for Type of Exit	Annual Examinat	ion OR Mid-l	Exam OR	Supplementa	ary Examination		
Examination at NIMHANS							
Month and Year of Passing	Month:						••••••
previous exit examination	Year:						
at NIMHANS	Part		OK		rear		
List of subjects for which candidate is taking exit							
examination (applicable							
only for repeaters under UG							
course)							
,	Challan No.:						
Details of Fees remitted towards Examination	Date:						
	Amount(In figures):						
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	Date:				Signature	of the Candidate	2
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(ii applicable)	Date:				_	of the Candidat	
	I declare	that	the	dissertation	I am	presenting	g titled
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*Name & Designation of the							
person under whose			.prepared	l by	me under	the guid	ance of
guidance the thesis has							and has not
been prepared	formed the basis for the award of any Degree or Diploma to me previously.						
(If applicable)	200 00 00 00 00 00 00 00 00 00 00 00 00						
	Date:	Sigr	nature of	the Guide	Nai	me of the Guide	
Signature of the HOD/							
Principal							

^{*}Applicable only to Final year / Part II candidates who submit their dissertation for evaluation.