



NATIONAL INSTITUTE OF MENTAL HEALTH & NEURO SCIENCES
(INSTITUTE OF NATIONAL IMPORTANCE)
BENGALURU-560029

APPLICATION FOR Pre-Ph.D EXAMINATION 20.....

Name : (In Block Letters)	
Date of Birth and Age:	
Date of Joining:	
Name and Occupation of Father or Guardian :	
Nationality : Does he/she belong to SC/ST?	
Address :	
Mobile Number & Email ID :	
Date of Registration for Ph.D :	
Title of the Research Work :	
Name of the Guide :	
Name of the Co-Guide(s) :	
Department in which research Is Undertaken :	
Fees paid/Receipt No. & Date:	
If Repeater, Register No. and Date of Previous Examination :	
Whether the Ph.D scholar has Successfully completed the Ph.D Course Work :	Yes/No
Signature of the Guide :	PERIOD : From To.....
Attendance & Progress from The HOD :	
Signature of the Head of the Department :	

Signature of the Candidate

Candidate's ID No.