

Application Form for Ph.D. / PDF Courses for Session - 2 of the Academic Year 2021-22



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

Passport size photo of the
candidate along-with cross
signature on photo

1 Name of the Candidate
(IN BLOCK LETTERS)

2 Present correspondence address

3 Course Applied for

4 Order of Priority if applied
for more than one course

5 Are you a person with disability?
If yes,

Yes

☐

No

☐

Type of Disability

Percentage of Disability

6 Are you a sponsored/deputed?

If yes,

Yes

☐

No

☐

Present designation

Parent department & City

7 Date of joining into the service
(Copy of NOC to be enclosed)

D	D	M	M	Y	Y	Y	Y

8 Do you have External Fellowship
If yes,

Yes

☐

No

☐

Name of fellowship? Project

Term of fellowship/ Project

Name of the Project Investigator

From

To

9	Category	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px 10px;">General</td> <td style="padding: 2px 10px;">OBC</td> <td style="padding: 2px 10px;">SC</td> <td style="padding: 2px 10px;">ST</td> <td style="padding: 2px 10px;">EWS</td> <td style="padding: 2px 10px;">PWD</td> </tr> </table>						General	OBC	SC	ST	EWS	PWD										
General	OBC	SC	ST	EWS	PWD																		
10	Mobile No.																						
11	Email Id																						
12	Father/Guardian/ Spouse Name																						
13	Gender	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px 10px;">Male</td> <td style="padding: 2px 10px;">Female</td> </tr> </table>						Male	Female														
Male	Female																						
14	Date of Birth	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px 10px;">D</td><td style="padding: 2px 10px;">D</td><td style="padding: 2px 10px;">M</td><td style="padding: 2px 10px;">M</td><td style="padding: 2px 10px;">Y</td><td style="padding: 2px 10px;">Y</td><td style="padding: 2px 10px;">Y</td><td style="padding: 2px 10px;">Y</td> </tr> <tr> <td style="height: 20px;"></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>						D	D	M	M	Y	Y	Y	Y								
D	D	M	M	Y	Y	Y	Y																
15	Age																						
16	Nationality					Others _____																	
17	Qualification *Relevant certificates as applicable to be enclosed.																						
18	Year of Passing																						
19	Payment Details: (Mode of payment)																						
20	Transaction ID: (DU Number)																						
21	Date of Submission:	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px 10px;">D</td><td style="padding: 2px 10px;">D</td><td style="padding: 2px 10px;">M</td><td style="padding: 2px 10px;">M</td><td style="padding: 2px 10px;">Y</td><td style="padding: 2px 10px;">Y</td><td style="padding: 2px 10px;">Y</td><td style="padding: 2px 10px;">Y</td> </tr> <tr> <td style="height: 20px;"></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>						D	D	M	M	Y	Y	Y	Y								
D	D	M	M	Y	Y	Y	Y																
22	Signature of the Candidate:																						
23	Recommended & Forwarded Seal and Signature of Appointing Authority (Applicable to sponsored/deputed candidates only)																						