

**NATIONAL INSTITUTE OF MENTAL HEALTH AND NEURO SCIENCES
(INSTITUTE OF NATIONAL IMPORTANCE) BENGALURU – 560 029**

Checklist

Name of the Candidate:

Notification Number:

Name of the Post applied:

Sl.No.	Item		Yes/No ("Yes" only if relevant document is attached)	Attachment Serial No.
1	Application Letter			
2	Checklist			
3	Resume			
4	Age Proof			
5	Essential qualification(s)			
6	Desirable qualification(s)			
7	Any other relevant document	a.		

I hereby declare that the I have all the requisite qualifications as mentioned in the notification. I have attached the requisite documents in the prescribed order. I declare that all the information provided in the application are correct and attached documents are the unaltered true copies of the original documents.

Signature of Candidate

(with Full name and date)

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Format for Resume

1. Name of the candidate :
2. Present address :
3. Permanent address :
4. Email :
5. Telephone number(s) :
6. Age :
7. Date of Birth :
8. Academic qualifications :

Name of examination/ degree	University/ Institution	Subject	Month & Year of completion

9. Experience (previous appointments held with date and duration):

Post held	Period		Total period	Organization/ Institute
	From	To		

10. Names and contact details of two Referees:

- a.
- b.

11. Any other relevant information(s):