**National Institute of Mental Health and Neurosciences**

(Institute of National Importance)

Bengaluru 560 029

Affix recent passport size photograph duly signed by the candidate

**Department of Human Genetics**

Application for Certificate course on

**‘Genetic Diagnosis and Counselling’**

Application No:

INSTRUCTIONS TO CANDIDATES:

* *The application form should be filled in by the candidate's own handwriting or typed*
* *All the columns should be filled in and incomplete application will be rejected*
* *Attested copies of educational certificates, experience certificates, age proof, caste/community*

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Full Name (in block letters):

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| --- |
|  |

Father’s/Guardian’s Name:

Address (Contact telephone with STD code/mobile/email ID)

 Correspondence Permanent

|  |  |  |
| --- | --- | --- |
| Date of Birth | Sex | Nationality |
|  |  |  |

|  |  |
| --- | --- |
| Yes | No |

Whether belongs to SC/ST/OBC, if so specify the category/community:

|  |  |
| --- | --- |
| Yes | No |

Whether coming under Persons with Disability category:

Education qualification (Starting from SSLC/10th standard & onwards):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| S.No | Examination Passed | Name of Institution/ Board / University | Subject  | Date/month/ year of passing | Class/Percentage |
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Work/Research experience:

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| --- | --- | --- | --- | --- |
| S.No | Designation | Organization | Duration | Nature of Work |
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Languages known to Speak, Read & Write

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| Language | Read | Write | Speak |
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References/Testimonials:

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| --- | --- | --- |
|  | Reference 1 | Reference 2 |
| Name |  |  |
| Occupation |  |  |
| Address |  |  |

List of enclosures:

1. One page write up

Copies of

1. Educational qualifications
2. Age proof
3. Work/research experience
4. Community certificate

 I hereby declare that, all the above particulars furnished by me is true to the best of my knowledge & belief.

 I am aware that, my application is liable to be rejected if the particulars given is incomplete or found to be incorrect.

Place: **Signature of the Candidate**

Date: