



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

**Application Form for 9<sup>th</sup> Graduation Day of NIMHANS**

1. Applicants are requested to kindly read through the Notification along with “Instructions for Applicants” before commencing to fill the Application Form.
2. Kindly enter details in the form in the space provided only in CAPITAL LETTERS.

Personal Details of the Applicant		
1	Name of the Applicant	
2	Contact Number	
3	Contact Email ID	
4	Postal Address <i>(Provide accurate and complete address for posting the Degree Certificates)</i>	
5	Gender <i>(Choose the correct alternative)</i>	
6	Graduation Day	
7	Mode of Application	
8	Mode of Payment of Graduation Day Fee	
9	Proof of Successful Payment	
10	Degree to be Awarded <i>(Write ‘Yes’ against the degree eligible for)</i>	
	A	B.Sc. in Nursing
	B	B.Sc. in Anaesthesia Technology
	C	B.Sc. in Radiography
	D	Post Basic Diploma in Psychiatric/Mental Health Nursing (DPN)
	E	Post Basic Diploma in Neurosciences Nursing (DNN)
	F	Post Basic B.Sc. in Nursing (PBBN)
G	Certificate Course in Neuropathology Technology	
11	Month and Year of having become eligible for the award of the above mentioned degree?	

1. I, hereby declare that the above mentioned details in the application Form for 9<sup>th</sup> Graduation Day is accurate as per knowledge. If required, I will produce the necessary certificates/documents to support the details filled in this form to Administrative Officer (A&E), NIMHANS.
2. I have ensured that the below mentioned are attached in the email to **‘evaluation@nimhans.ac.in’**:
  - a. Duly filled in, signed and scanned Application Form.
  - b. Proof of successful payment as detailed in Point 9.
  - c. Scanned copy of the Marks Card of all years of the course, duly self-attested by the Applicant.

*(Signature of Applicant)*