

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

1	Name of the Candidate (IN BLOCK LETTERS)	Passport size photo of the candidate along-with cross signature on photo
	(I. DECCREET IEM)	
2	Present correspondence address	
3	Course Applied for	
4		
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 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 / Employed under a Project If yes,	Yes No
	Name of fellowship/Project	
	Term of fellowship/Project	From To
	Name of the PI / Co-I	

9	Category	General OBC SC ST EWS PWD
10	Mobile No.	
11	Email Id	
12	Father/Guardian/ Spouse Name	
13	Gender	Male Female Transgender
14	Date of Birth	D D M M Y Y Y Y
15	Age	
16	Nationality	Others
17	Qualification Relevant certificates as applicable to be	e enclosed.
18	Year of Passing	
19	Payment Details: (Mode of payment)	
20	Transaction ID: (DU Number)	
21	Date of Submission:	D D M M Y Y Y Y
22	Signature of the Candidate:	
23	Recommended & Forwarded Seal and Signature of Appointing Auth (Applicable to sponsored/deputed cand	