ರಾಷ್ಟ್ರೀಯ ಮಾನಸಿಕ ಆರೋಗ್ಯ ಮತ್ತು ನರ ವಿಜ್ಞಾನ ಸಂಸ್ಥೆ (ರಾಷ್ಟ್ರೀಯ ಪ್ರಾಮುಖ್ಯತೆ ಸಂಸ್ಥೆ) ಬೆಂಗಳೂರು – 29
राष्ट्रीय मानसिक स्वास्थ्य एवं तंत्रिका विज्ञान संस्थान (राष्ट्रीय प्रमुख्याथा संस्थ) बेंगलुरू – 29
NATIONAL INSTITUTE OF MENTAL HEALTH AND NEURO SCIENCES
Institute of National Importance, under Ministry of Health and Family Welfare, Govt. of India
Hosur Road, Bengaluru – 29

No. NIMH/RECT/ADVT–7/CP/2026-27 **Date: 29.10.2026**

NOTIFICATION

Applications are invited from the eligible candidates for the vacant post of Clinical Psychologist (on contract basis) as mentioned below in the prescribed format from Indian Nationals.

Clinical Psychologist:

No. of posts	03 (OBC)
Educational Qualification	a) I Class/ II Class M.A/M.Sc degree in Psychology from a recognized University / Institution. AND b) M.Phil in Mental Health and Social Psychology/M.Phil in Clinical Psychology/ or equivalent qualification from an institution/university recognized by the Rehabilitation Council of India (RCI).
Experience	Desirable: Conversant with modern technique on psycho diagnostic and psychological methods of treatment / research experience.
Upper Age limit	35 Years
Pay matrix	In Level 6: Rs.35,400 -1,12, 400/-
Initial Pay in the pay matrix	Rs. 35,400/-
Duration of the post	On contract basis for one year likely to be renewed for 2nd & 3rd year depending upon the satisfactory performance of duties.

The candidates may download the Application form from the Institute Website http://www.nimhans.ac.in.

Application processing fee of Rs. 590/- (including 18% GST). Payment shall be made through the "PAYMENT" link available on the Institute Website http://www.nimhans.ac.in and for detailed instructions on Payment refer Annexure-I.
PWBD candidates are exempted from the payment of application processing fee.

The application in the prescribed form should be submitted along with the transaction/payment details for having remitted the prescribed application-processing fee as stated above. The duly filled in application along with its enclosures has to reach The Registrar, NIMHANS, P.B No.2900, Hosur Road, Bengaluru-560029, India.

TERMS & CONDITIONS

1. The application form (Annexure II) should be submitted along with required copies of certificates of the Age Proof, Educational Qualification, Experience Certificate, Category Certificate, No objection Certificate (Annexure III) & Photo etc, so as to reach The Registrar, NIMHANS, P.B.No.2900, Hosur Road, Bengaluru – 560 029.
2. Any modification or Corrigendum will be updated in the Institute Website only.
3. No applications shall be entertained if it is incomplete/received after the last date prescribed/not forwarded through proper channel. The institute will not take responsibility for postal delay if any.
4. If necessary, the Institute may not fill up any or all of the above posts and if so, no separate intimation will be given to the candidates.
5. No correspondence will be sent to ineligible candidates.
6. The Candidates will be selected on the basis of Eligibility Test (if necessary) which will be followed by an Interview.
7. Latest OBC Certificate in Annexure IV format containing mention regarding Creamy Layer for OBC candidates in case of their claim against the said category. The said OBC certificate shall be in the format prescribed by GOI as per OM dated 29.12.1993. Certificates not in the said format will be summarily rejected. (Annexure IV is enclosed with notification).
8. The details of the application processing fee paid, along with the transaction details AND bank details form must be compulsorily filled in ANNEXURE-V provided. Applications with incomplete details shall be rejected.
9. All the enclosures should be neatly tagged to the application and name of the post should be clearly specified in the application form.
10. The Number of Vacancies/Category-wise Vacancies may vary/likely to change at any stage of recruitment.
11. Age relaxation will be given as per GOI rules.
12. Candidates are informed to write their email id in the application form and to regularly check their emails, as call letter for the said posts will be sent through recruitment@nimhans.net email only.
13. Interim correspondence will not be entertained and replied to.
14. The application format should not be altered. Any additional information may be enclosed as a separate Annexure.
15. The Candidate should not have been convicted by any Court of Law.
16. All disputes will be subject to jurisdiction of Court of Law at Bengaluru.
17. The decision of the Director of the Institute shall be final.
18. The last date for receipt of filled in application together with the relevant documents is on or before **21.11.2026 up to 4.30 P.M.**
19. Cutoff date for calculation of age, experience is 21.11.2026

DIRECTOR

Dr. Y. C. Janardhan Reddy
Director
National Institute of
Mental Health & Neuro Sciences
Bengaluru - 560 029

ANNEXURE - 1

Kindly follow the below steps to pay the application fees for the post you are applying through SB Collect:

1. Go to NIMHANS website, www.nimhans.ac.in, click Payments Tab to reach 'SB Collect' or
2. Click or copy paste to browser the link below for directly connecting to NIMHANS-SB collect. https://www.nimhans.ac.in/payments
3. One can also Select SB Collect from the Online banking page of SBI, www.onlinesbi.com, Select State 'Karnataka', Type of Institution "Educational", search and select the Institution "THE DIRECTOR, NIMHANS"
4. Read Disclaimer Clause and click on check box to proceed for payment.
5. Select Payment Category "Application for Employment New" from the drop-down menu.
6. The application page will appear, fill all the required fields on the page by manually entering the post you are applying for and the corresponding application fee and click on submit button.
7. The State Bank Collect payment verification page will appear where the payer has to click on the 'Confirm' button after verifying the payment details to proceed further.
8. The SBMOPS (State Bank Multiple Option Payment System) page is displayed with following options for payments.
9. Net Banking State Bank of India. Other Banks including Associate Banks.
10. Card Payments State Bank ATM-cum- Debit Card Other Banks Debit Cards. Credit Cards
11. Other Payment Modes - SBI Branch.
12. Choose the desired option and make the payment.
13. Print/Save the receipt online and attach the same with the main Application.

Subsequent Generation of payment receipt in SB Collect Page:

Login to Online SBI, Select SB Collect' link on the home page, Accept the 'terms and conditions' by clicking on the box. Click on 'proceed' button. Select Payment History on the left side. Two options i.e. date range for previous payments (if you do not remember reference number) or remembered reference number. Enter the date of birth and mobile no. in boxes provided will appear. Enter the 'Start Date and End Date', Enter the text as shown in the message. Click on 'Go' button.

The Payment status 'Paid' will be displayed. Click on 'PRINT'

Payment receipt will be displayed - Click on 'PRINT'

Note:

- Mandatory fields are marked with an asterisk (*)
- Date specified (if any) should be in the format of 'ddmmyyyy'. Eg., 02082008
- For Amount fields, only numbers are allowed (fill not applicable fields with 0 (zero) and for free text fields (mandatory), following special characters are allowed: . / @ - _ &
- In the address field no special characters are allowed.

ANNEXURE - II

ರಾಷ್ಟ್ರೀಯ ಮಾನಸಿಕ ಆರೋಗ್ಯ ಮತ್ತು ನರ ವಿಜ್ಞಾನ ಸಂಸ್ಥೆ, ರಾಷ್ಟ್ರೀಯ ಪ್ರಾಮುಖ್ಯತೆ ಸಂಸ್ಥೆ, ಬೆಂಗಳೂರು – 29

राष्ट्रीय मानसिक स्वास्थ्य एवं तंत्रिका विज्ञान संस्थान ,राष्ट्रीय प्रमुख्याथा संस्थ, बेंगलुरू – 29

NATIONAL INSTITUTE OF MENTAL HEALTH AND NEURO SCIENCES

Institute of National Importance, under Ministry of Health and Family Welfare, Govt. of India, Bengaluru – 29

Affix recent passport size photograph duly signed by the candidate

APPLICATION FOR THE POST OF
(in Block letters) _____

Advertisement No.& Date _____
(Name of newspaper & date in which appeared) _____

TO BE SUBMITTED TO:

The Director
National Institute of Mental Health & Neuro Sciences
Hosur Road, Bangalore - 560 029

Application fee particulars : (Name & address of branch, Challan No. date & amount etc.)

Challan No. & Date	Amount	Name of the Bank & Address

INSTRUCTIONS TO CANDIDATES:

a) The application form should be filled in by the candidate's own handwriting or typed
b) All the columns should be filled in and incomplete application will be rejected
c) Separate application should be sent for each post
d) Candidates who are in government service should apply through proper channel
e) Canvassing in any form will be a disqualification
f) Attested copies of educational certificates, experience certificates, age proof, caste/community certificates and testimonials/references should be attached with the application.
g) If the space provided for furnishing particulars against Sl.No.1 to 27 is insufficient, full particulars may be furnished in a separate sheet of paper and enclose with the application, inserting reference to that effect.

1. Full Name (in block letters)	
2. Spouse Name Occupation Annual Income Address	

3. Father's Name Occupation Annual Income Address	
4. Mother's Name Occupation Annual Income Address	
5. Address for correspondence	
5.a. Contact Telephone/ Mobile number with STD code	
5.b. Email ID	
6. Present Residential address	
7. Permanent address	
8. Date of Birth : Age as on last date of submission of application	Years / Months / Days
9. Gender (Male/Female)	
10. Marital Status (Unmarried/Married/Widower/Widow/Divorce)	
11. Nationality (by birth or by domicile)	
12. Name of the State to which you belong	
13. Religion	
14. a. Whether belongs to SC/ ST/ OBC/ EWS (if so specify the category/community)	
14. b. Applying for category Notified against SC/ ST/ OBC/ EWS	

15. Whether coming under Persons with Benchmark Disability category? If so, mention the type of Disability with percentage	
16. Whether Ex-serviceman, if so, particulars of service.	
17. Are you in-service candidate, if yes give particulars of Dept/Designation/Date of joining (Central/State/Autonomous organisation/ PSU/ etc.,)	

18. Details of School/College/University studied
(Starting from SSLC/10th standard & onwards)

Name & address of the School/College	Date of joining	Date of leaving	Examination passed

19. Educational/Technical Qualifications
(Starting from SSLC/10th standard & onwards)

Examination Passed	Name of Institution/ Board / University	Duration of course	Date/month/ year of passing	Class / Percentage	Subjects studied

20. Details of work experience (after possessing minimum required qualification for the post) :

Designation	From	To	Organization	Place	Nature of work

21. Languages known to speak, read & write	Speak	Read	Write

22. Knowledge of Hindi language (Examinations passed)	
23. Have you been a candidate for any post advertised by this Institute, if so give particulars and dates as to which post you applied	
24. References/Testimonials: (from two responsible persons) i) a) Name b) Occupation c) Address	
ii) a) Name b) Occupation c) Address	
25 . Have you been in abroad, if so give full particulars: a) Country/countries visited b) Period of Stay c) Date of return to India d) Purpose of visit	

26. Have you done any post graduate work or published any papers & papers presented at conferences, if so give full particulars. a) Publications : (Journals / Papers / Chapters in Books / Books) **(Please mention the numbers in figures)** National (i) Peer reviewed : (ii) Non peer reviewed : (iii) Others : International (i) Peer reviewed : (ii) Non peer reviewed : (iii) Others : b) Papers presented: (at conferences) National : International : c) Honour's & Medals :	
27. Any other relevant information	
28. List of enclosures	

i) I, hereby declare that, all the above particulars furnished by me is true to the best of my knowledge & belief.
ii) I am aware that, my application is liable to be rejected if the particulars given is incomplete or found to be incorrect.

Signature of the candidate

Place:

Date :

Details of Publications

NAME OF THE CANDIDATE:

POST FOR WHICH APPLIED:

DETAILS OF PUBLICATIONS:

1. **Peer reviewed journals:**

a) International No.:

Author

Name of the article

Name of the journal

Year of Publication

b) National No.:

Author

Name of the article

Name of the journal

Year of publication

2. Chapters in Books

Name of the article:

Name of the editor

Name of the book

Name of the Publisher

Year of Publication

3. Books

Name of the author

Name of the book

Name of the publisher

Year of publication

Signature of the candidate

ANNEXURE-III

NO OBJECTION CERTIFICATE FROM THE PRESENT EMPLOYER

Ref. No: ..... Date: .....

Certified that Shri./Smt./Kum./Dr..... is a permanent / temporary employee of this Institute / Organisation / PSU / Govt. Office in the capacity of ..... since..... (Date) in pay scale of Rs. ....

His/her application is recommended and forwarded for the post. This Institute / Organisation / PSU / Government Office has no objection for applying/attending any interview to the post and he/she would be relieved in the event of selection.

Signature

Designation

(Head of the Organisation with office seal)

Place:

Date :

ANNEXURE -IV

OBC CERTIFICATE FORMAT

FORM OF

Certificate to be produced by other backward Classes applying For appointment to posts under the Government of India

This is to certify that _____ _____ Son/Daughter of _____ _____Village _____ District / Division _____ in the _____ _____ State _____ belongs to the _____ _____ Community which is recognized as a Backward Class under the Government of India, Ministry of Social Justice and Empowerment's Resolution No. __ _____ dated _.*

Shri/Smt_____ and/or his family ordinarily reside/s in the _____ _____ _____District/Division of the _____State. This is also to certify that he/she does not belong to the persons/sections (Creamy Layer) mentioned in column 3 of the schedule to the Government of India. Department of Personnel and Training O.M.No.36012/22/93-Estt. (SCT), Dated 8-9-1993. **

Date:

Seal:

District Magistrate Deputy Commissioner etc.

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* - The authority issuing the certificate may have to mention the details of Resolution of Government of India, in which the caste of the candidate is mentioned as OBC.

** - As amended from time to time.

Note 1:The term 'ordinarily' used here will have the same meaning as in Section 20 of the Representation of the Peoples Act, 1950.

ANNEXURE-V

APPLICANT BANK ACCOUNT DETAIL FORM		
BASIC DETAILS	NAME OF THE APPLICANT	
	POST TO WHICH APPLIED	
	CITY / POSTAL CODE	
	DISTRICT	
	STATE	
	COUNTRY	
BANK DETAILS	ACCOUNT HOLDER NAME	
	BANK NAME	
	BANK ACCOUNT NUMBER	
	BANK IFSC CODE	
CONTACT DETAILS	CORRESPONDENCE ADDRESS	
	EMAIL ID	
	MOBILE NUMBER	

1) I hereby declare that, all the above particulars furnished by me are true to the best of my knowledge & belief.
2) I am aware that, my application is liable to be rejected if the particulars given are incomplete or found to be incorrect.

Applicant Signature

PAYMENT DETAILS MADE BY THE CANDIDATE

NAME OF THE APPLICANT	
POST APPLIED FOR	
MODE OF PAYMENT	a) Digital Payment b) BHIM App c) Debit Card d) Credit Card e) Wallet f) IMPS g) Net Banking h) Others -…….. Kindly choose the above option.
TRANSACTION ID / REF NO	
DRAWN ON BANK	
DATE OF PAYMENT	
AMOUNT	
REMITTANCE/ TRANSACTION COPY ENCLOSED	
REMARKS	

1) I hereby declare that, all the above particulars furnished by me are true to the best of my knowledge & belief.
2) I am aware that, my application is liable to be rejected if the particulars given are incomplete or found to be incorrect.

Applicant Signature