NATIONAL INSTITUTE OF MENTAL HEALTH & NEURO SCIENCES
INSTITUTE OF NATIONAL IMPORTANCE
P.B.NO.2900, HOSUR ROAD, BENGALURU - 560 029

Affix recent passport size photograph duly signed by the candidate

APPLICATION FOR THE POST OF
(in Block letters) _____

Advertisement No.& Date _____

_____

TO BE SUBMITTED TO:

The Director
National Institute of Mental Health & Neuro Sciences
P.B.No.2900, Hosur Road, Bengaluru - 560 029

Application fee particulars :
(Name & address of branch, date & amount etc.)

Transaction Details & 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) Self Attested copies of educational certificates, experience certificates, age proof, caste/community/PwBD 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. Father's / Husband's Name Address & Occupation	

Contd..2

3. Mother's Name & Occupation	
4. Address for correspondence (Contact Telephone/Mobile/Fax/E-Mail ID/ number with STD code)	
5. Present Residential address	
6. Permanent address	
7. Date of Birth : a) Age as on last date of submission of application	DD MM YYYY Years / Months / Days
8. Sex (Male/Female)	
9. Marital Status (Unmarried/Married/Widower/Widow/Divorcee)	
10. Nationality (by birth or by domicile)	
11. Name of the State to which you belong	
12. Religion	
13. Whether belongs to SC/ST/OBC/EWS, if so specify the category/community	
14. Whether coming under Persons with Disability category (PwD), if so whether :- (i) Visually disabled (ii) Orthopaedically disabled (iii) Hearing disabled	

Contd..3

15. Whether Ex-serviceman, if so, particulars of service.	
16. Are you in-service candidate, if yes give particulars of Dept/Designation/Date of joining (Central/State/Autonomous organization/ PSU/etc.)	

17. 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

18. 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

Contd..4

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

Designation	From	To	Organization	Place	Nature of work

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

21. Knowledge of Hindi language (Examinations passed)	
22. Have you been a candidate for any post advertised by this Institute, if so give particulars and dates as to which post you applied	
23. References/Testimonials: (from two responsible persons) i) a) Name b) Occupation c) Address	
ii) a) Name b) Occupation c) Address	
24 . 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	

Contd..5

25. Details of publications & papers presented at conferences a) Pubmed indexed Publications : (Journals / Papers / Chapters in Books / Books) (Please mention the numbers in figures and enclose copies of the papers published with PMID) 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 : **(Please see the Annexure – II)** **Mandatory to be filled by the applicant**	
c) Honour's & Medals :	
26. Any other relevant information	
27. 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 :

Contd..6

NO OBJECTION CERTIFICATE FROM THE PRESENT EMPLOYER

Ref. No: …….. Date: ……

Certified that Shri./Smt./Kum. _____

is a permanent / temporary employee of this Institute / Organisation / PSU / Govt. Office in the

Designation of _____ since

_____(Date) . His/her application is recommended and forwarded for the post of

_____. This

Institute / Organisation / PSU / Government Office has no objection for applying/attending interview to the

post and he/she would be relieved in the event of selection.

Signature

Designation

(Head of the Organisation /Institute with office seal)

Place:

Date :

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	

I hereby declare that the particular given above are correct and complete.

Applicant Signature

PAYMENT DETAILS MADE BY THE CANDIDATE

NAME OF THE APPLICANT	
POST APPLIED FOR	
MODE OF PAYMENT	
TRANSACTION ID /UTR / IMPS REF NO (MANDATORY WITHOUT WHICH APPLICATION WILL BE REJECTED) Kindly enter the correct UTR / IMPS number	
DRAWN ON BANK	
DATE OF PAYMENT	
AMOUNT	
REMARKS	

I hereby declare that the particulars given above are correct and complete.

Applicant Signature

ANNEXURE-II

ABSTRACT APPLICATION FOR THE POST OF_____

(MANDATORY TO BE FILLED BY THE APPLICANT WITH ENCLOSURES AND SUPPORTING DOCUMENTS)

1	Name of the Applicant	
2	Application for the post of	
3	Address for correspondence	
4	Contact Details: e-mail ID: Telephone: Mobile No.: Fax:	
5	Number of Extramural Grants as PI or Co-PI. Please provide details and the title of the project, funding agency, duration of the project and amount sanctioned	
6	Number of publications: A) Pub Med indexed / Peer reviewed Journals only to be provided with PMID numbers. (i) No. of papers published as First Author (ii) No. of papers published as Second Author (iii) No. of papers published as Corresponding Author (iv) No. of papers published as any author (Enclose copy of papers published)	
	B) Amongst these (6A)how many are (i) Original Articles (ii) Review Articles (iii) Letters (Please provide details)	

Contd.....2/-

	C) (i) Total citation index of papers published (ii) Average impact factor of Publications in Journals (iii) H-Index (iv) No. of Ph. D Scholars/MD/DM/ Mch./MPhil , etc. dissertations being guided– provide details (v) Patents– provide details (vi) Elected membership/fellowship of medical and science academies provide details (vii)No. of Conference/Seminar/ Symposium organized/jointly organized	
7	Details of patient care services <u>Clinical</u> (i) OPD's/Clinics attended per month (ii) IPD duties assigned and done per month (iii) Procedures/surgeries undertaken (iv) New techniques developed (v) New Services started / Creation of diseases management programmes for care-continuum (vi) Destination programs (High excellence) (vii)Development of new care models/care delivery methods <u>Para-Clinical</u> (i) Work-load (ii) New diagnostic tests/techniques Introduced	
8	Details of Corporate Activities- (i) Serving National / International Scientific Committees (ii) Serving on Committees of National and International Scientific, educational and health care Institutions / organizations (iii) Serving on Committees of Industry	

I hereby declare that the information & particulars provided in this abstract for the post of _____ is true.

Place: Signature of the Candidate : _____

Date: Name in capital : _____