



No. NIMH/RECT/ADVT-8/NS-Fac-Cont/2026-27

Date: 24.10.2026

NOTIFICATION

Walk-in Interview will be conducted for the eligible Indian National candidates for the vacant posts of Assistant Professor of Neurosurgery at NIMHANS as mentioned below (the prescribed application form is enclosed) for appointment on CONTRACT BASIS.

Assistant Professor of Neurosurgery:

No. of posts	02 (UR)
Educational Qualification	M.Ch Neurosurgery / Specialty Board of Neurosurgery (USA) OR equivalent qualification from a recognized University/Institution
Upper Age limit	50 years
Pay matrix	Level - 12 (Rs.1,01,500 - 1,67,400/-)
Initial Pay in the pay matrix	Rs.1,01,500/-
Duration of the post	On Contract basis for SIX months or until the post is filled on permanent basis, whichever is earlier.

Interested candidates may attend the walk-in Interview scheduled to be held on **16.11.2026 at 09.00 AM** in the 1st Floor, Seminar Hall, Director's Office, NIMHANS. The application form (Annexure II) may be downloaded from the Institute Website <http://www.nimhans.ac.in>.

Application processing fee is ₹ 2,360/- (including 18% GST) (Refer Annexure-I for details).
PwBD candidates are exempted from the payment of application processing fee.

Payment shall be made through the "PAYMENT" link available on the Institute Website <http://www.nimhans.ac.in> and the detailed instructions for making payment is listed in the Annexure-I below.

TERMS & CONDITIONS

1. The duly filled in application form (Annexure II) should be submitted along with required copies of certificates of the Age Proof, Educational Qualification, Experience Certificate (if any), No objection Certificate (Annexure III) & Photo etc, on the day of walk-in Interview.
2. Any modification or Corrigendum will be updated in the Institute Website only.
3. No applications shall be entertained if it is incomplete.

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. Candidates belonging to reserved category such as OBC, SC & ST may also apply for the vacancies notified against UR without relaxation in respect of Age as per O.M. No.36011/1/98-Estt. (Res) dated 01.07.1998.
7. The details of the application processing fee paid, along with the transaction details AND bank details form must be compulsorily filled in ANNEXURE-IV provided. Applications with incomplete details shall be rejected.
8. All the enclosures should be neatly tagged to the application and name of the post should be clearly specified in the application form.
9. Candidates are informed to write their email id in the application form and to regularly check their emails as call letter for the said post will be sent through recruitment@nimhans.net email only.
10. Interim correspondence will not be entertained and replied to.
11. The application format should not be altered. Any additional information may be enclosed as a separate Annexure.
12. The Candidate should not have been convicted by any Court of Law.
13. All disputes will be subject to jurisdiction of Court of Law at Bengaluru.
14. The decision of the Director of the Institute shall be final.



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 प्रमुखता संस्थ, बेंगलूरु - 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:

- 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
- Separate application should be sent for each post
- Candidates who are in government service should apply through proper channel
- Canvassing in any form will be a disqualification
- Attested copies of educational certificates, experience certificates, age proof, caste/community certificates and testimonials/references should be attached with the application.
- 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

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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

<p>26. Have you done any post graduate work or published any papers & papers presented at conferences, if so give full particulars.</p> <p>a) Publications : (Journals / Papers / Chapters in Books / Books) (Please mention the numbers in figures)</p> <p>National</p> <p>(i) Peer reviewed : (ii) Non peer reviewed : (iii) Others :</p> <p>International</p> <p>(i) Peer reviewed : (ii) Non peer reviewed : (iii) Others :</p> <p>b) Papers presented: (at conferences) National : International :</p> <p>c) Honour's & Medals :</p>																					
<p>27. Any other relevant information</p>																					
<p>28. List of enclosures</p> <p><u>Mandatory enclosures</u></p> <ol style="list-style-type: none"> 1. Application Form 2. Copies of Qualification & Experience certificates 3. Bank Account & Payment details form 4. No Objection Certificate (for Applicants working in State or Central Govt./PSU/Autonomous Bodies) <p><u>Optional enclosures (as per category of applicants)</u></p> <ol style="list-style-type: none"> 1. Scheduled Caste Certificate 2. Scheduled Tribe Certificate 3. Other Backward Classes Certificate 4. Economically Weaker Section Certificate 5. PwBD Certificate 6. Filled in Form of PUBMED Index Details 	<p><u>Please circle the appropriate one</u> ☐</p> <table> <tr> <td>Enclosed</td> <td>Not Enclosed</td> </tr> <tr> <td>Enclosed</td> <td>Not Enclosed</td> </tr> <tr> <td>Enclosed</td> <td>Not Enclosed</td> </tr> <tr> <td>Enclosed</td> <td>Not Enclosed</td> </tr> <tr> <td>Enclosed</td> <td>Not Enclosed</td> </tr> <tr> <td>Enclosed</td> <td>Not Enclosed</td> </tr> <tr> <td>Enclosed</td> <td>Not Enclosed</td> </tr> <tr> <td>Enclosed</td> <td>Not Enclosed</td> </tr> <tr> <td>Enclosed</td> <td>Not Enclosed</td> </tr> <tr> <td>Enclosed</td> <td>Not Enclosed</td> </tr> </table>	Enclosed	Not Enclosed	Enclosed	Not Enclosed	Enclosed	Not Enclosed	Enclosed	Not Enclosed	Enclosed	Not Enclosed	Enclosed	Not Enclosed	Enclosed	Not Enclosed	Enclosed	Not Enclosed	Enclosed	Not Enclosed	Enclosed	Not Enclosed
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<p>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.</p> <p style="text-align: right;">Signature of the candidate</p> <p>Place: _____ Date : _____</p>																					

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

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

ANNEXURE-V

Details of PubMed-indexed Publications, H-Index & Funded Projects

Please type the requested details & email both the filled Word document version and the scanned PDF of the signed document. Kindly add your name to the file name of both Word & PDF documents, i.e., Annexure-PubMed-Grant-Details_Applicant-Name.docx / Annexure-PubMed-Grant-Details_Applicant-Name.pdf

Applicant Details

Name:

Date of Birth (DD/MM/YYYY):

Post Applied For:

Year of Application:

Research Publications Impact

H-Index (Google Scholar):

Details of PubMed-Indexed Publications Only (as of the last date of application submission) (Please adhere strictly to the instructions & format specified below)

- PubMed: <https://pubmed.ncbi.nlm.nih.gov/>
- Include only those PubMed-indexed publications that are peer-reviewed.
- Do not include a preprint that is not peer-reviewed (even if it is PubMed-indexed)
- Do not include any publication that is not indexed in PubMed
- PMID Number: PubMed Identifier (PMID) is a unique, 1 to 8-digit number assigned to each citation in the PubMed database
- Authorship Status: First Author / Corresponding Author / First Author & Corresponding Author / Other Author
- Type of Publication: Original Research / Systematic Review / Meta-Analysis / Review / Case Report / Other Type of Publication

List of PubMed-indexed publications

No	Complete Citation of the Publication	PMID Number	Authorship Status	Type of Publication
1	All Author Names, Title of the Manuscript, Journal Name, Year, Volume, page numbers	12345678	First Author	Original Research

Table: Number of PubMed-indexed, peer-reviewed publications (the number should match the list above)

No	Type of Publication	First Author (FA)	Corresponding Author (CA)	FA & CA	Other Author
1	Original Research				
2	Systematic Review / Meta-Analysis				
3	Review				
4	Case Report				
5	Other Type of Publication				
	Total				

Details of Funded Projects as of the last date of application submission

No	Funding Agency Name	Title of the Research Project	Investigator Status (PI or Co-PI or Co-I)	Sanctioned Amount (Rs)	Sanctioned Date (DD/MM/YYYY)	Duration of the Grant in Years
1						
2						
3						
4						

Declaration

All the information stated above is true to the best of my knowledge.

Signature with Date
Name