



NATIONAL INSTITUTE OF MENTAL HEALTH AND NEURO SCIENCES
INSTITUTE OF NATIONAL IMPORTANCE
Hosur Road, Bengaluru, India -560 029

Application Form for Postdoctoral Fellowship in Neuropsychiatry Course

I. Details of the Applicant:

1. Salutation: _____

2. Name of the Applicant: _____

3. Contact Number: _____

4. Email ID: _____

5. Permanent Address: _____

District: _____

State: _____

PIN CODE: _____

6. Corresponding Address: _____

District: _____

State: _____

PIN CODE: _____

7. Date of Birth: _____ (DD/MM/YYYY)

8. Age as on 01.07.2018: _____ Years

*Affix recent passport size
photograph with self
attestation*

II. Qualification Details-

1. **Course Applied:** Postdoctoral Fellowship in Neuropsychiatry

2. **Eligible Qualification:** MD Psychiatry/DNB Psychiatry/DM Neurology (Strike out which is not applicable)

III. Enclosures:

Enclosures	Whether enclosed with the Application Form? (Strike out which is not applicable)
1. Bio-data/Curriculum Vitae	YES/NO
2. SSC/10 th Mark Card or Certificate containing Date of Birth	YES/NO
3. Eligible Qualification Documents- a) Mark Card of all years/semesters b) Degree/Provisional Certificate c) Attempt Certificate d) Transfer Certificate e) Migration Certificate f) Permanent Registration Certificate or Additional Qualification Registration Certificate with any State Medical Council	a) YES/NOT APPLICABLE b) YES c) YES/NOT APPLICABLE d) YES/NOT APPLICABLE e) YES f) YES
4. Work Experience Documents/Certificates	YES/NOT APPLICABLE

I, hereby declare that the above mentioned details are accurate to my knowledge and if necessary, I can produce necessary documents/certificates to support the details provided above or enclosed herewith this Application Form.

Signature of the Applicant: _____

Date: _____