



**NATIONAL INSTITUTE OF MENTAL HEALTH & NEURO SCIENCES**  
(An Institute of National Importance under the Govt. of India)  
Hosur Road, Bengaluru - 560 029.

Website: [www.nimhans.ac.in](http://www.nimhans.ac.in)

**ANNEXURE – I**

Affix recent (taken within last three months) passport size photograph duly signed by the candidate

**FORMAT OF APPLICATION FOR THE POST OF DIRECTOR**

1. Name in full (in block letters)	
2. Date of Birth ( DD/MM/YY)	
3 . Gender	
4. Father's / Husband name	
5. Correspondence Address :  Tel. (with ISD / STD Code): Mobile (with ISD/STD Code): e-mail id:	
6. Permanent Address :	
7. Whether belong to SC / ST / OBC : (Valid in India) / General Please attach documentary proof, if belonging to reserve category)	

8. Academic/other qualifications (starting from Degree onwards):

Sl. No.	Examination passed	Year of passing	Name of College/ University	% of marks	No. of attempts	Awards/ merit etc.

**Please attach extra sheets, if space above is insufficient**

9. Details of employment (starting from the first position in chronological order):

Sl. No.	Name of the Employer	Post held (whether temporary or substantively)	Date of Joining	Date of leaving	Duration	Pay Scale

**Please attach extra sheets, if space above is insufficient**

10. Area(s) of Specialization :

Sl. No.	Field of Specialization	Period

11. Particulars of Teaching & Research Experience

Sl. No.	Teaching & Experience	Name of the Institution / University	Period		Remarks
			From	To	

12. Language known (Read, Write, Understand, and Speak):

Sl. No.	Understand only	Understand and speak only	Understand, speak and read only	Understand, speak, read and write	Any written examination or proficiency certificate in any of the languages

***Please attach extra sheets, if space above is insufficient***

13. Time required for joining if appointment is offered: \_\_\_\_\_

14. Give below the names of two persons of eminence who are in a position to testify from their personal knowledge to your fitness for the post ( they must not be related to you):

Sl. No.	Name of the Officer	Address, Contact Details & e-mail id.
1.		
2.		

15. Any additional qualifications such as management course / membership of Scientific / experience in administration/training abroad/foreign visits etc (please attach extra sheet, if required):

Sl. No.	Additional Qualification	Period	
		From	To

16. A complete list of publications :  
(Please attach extra sheet – originals to be produced at the time of personal meeting)

17. List of Enclosures:

Sl. No.	Enclosures
1.	
2.	
3.	
4.	
5.	
6.	
7.	
Total No. of Enclosure :	

**18. NO OBJECTION CERTIFICATE FROM THE PRESENT EMPLOYER**

Ref. No: .....

Date: .....

Certified that Dr. \_\_\_\_\_

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

in the capacity of \_\_\_\_\_ since \_\_\_\_\_ (Date)

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 :

**UNDERTAKING/DECLARATION**

I hereby undertake and declare that the information furnished above is correct and true to the best of my knowledge and nothing material has been concealed or suppressed from therein.

Date: \_\_\_\_\_

Place: \_\_\_\_\_

Signature \_\_\_\_\_

(Name: \_\_\_\_\_)