



**NATIONAL INSTITUTE OF MENTAL HEALTH AND NEUROSCIENCES**  
**INSTITUTE OF NATIONAL IMPORTANCE**  
**BENGALURU, INDIA- 560 029**

**Original Certificates/Documents submission Form**

Name with Salutation - \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/2023

Permanent Address- \_\_\_\_\_

\_\_\_\_\_ PIN Code- \_\_\_\_\_

Contact Number- \_\_\_\_\_ Email ID- \_\_\_\_\_

To,  
The Director,  
NIMHANS,  
Bengaluru- 560 029.

Madam,

**Sub:** Consent to join the **Certificate Course in Neuropathology Technology** Course at NIMHANS for the Academic Year 2023-23 and submission of all necessary Certificates / documents

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With reference to the above, I am willing to join the **Certificate Course in Neuropathology Technology** course under **Institute Stipendiary** category for the Academic Year 2023-24 commencing from 01<sup>st</sup> September 2023.

**LIST OF ORIGINAL CERTIFICATES/ DOCUMENTS SUBMITTED-**

*(Candidate is requested to tick against the Certificates/Documents applicable and indicate the number of certificates/documents being submitted at the time of joining the course)*

Sl. No.	Name of the Certificate/Document	If applicable? (Tick the option)	Number of Certificate/s submitted (in Figures)
1.	S.S.L.C / 10 <sup>th</sup> Marks Sheet (containing Date of Birth)	Yes	
<b>I. If qualifying degree is a 'Bachelor's Degree', the below mentioned certificates are applicable:</b>			
1.	Bachelor's Marks Sheet for all Semesters/Years including Consolidated Marks Sheet	Yes / No	
2.	Bachelor's Degree Certificate (OR Provisional Degree Certificate, <i>if Degree has not been awarded</i> )	Yes / No	
3.	Transfer Certificate from the College/Institution where Bachelor's degree is attained	Yes / No	
4.	Migration Certificate from the University/Board where Bachelor's degree is attained	Yes /No	
<b>II. If qualifying degree is a 'Diploma and 01 year work experience', the below mentioned certificates are applicable :</b>			
1.	Diploma's Marks Sheet for all semesters/ Years	Yes /No	

2.	Diploma Certificate (OR Provisional Diploma Certificate, <i>if Diploma has not been awarded</i> )	Yes /No	
3.	Transfer Certificate from the College/Institution where Diploma is attained	Yes /No	
4.	Migration Certificate from the University/Board where Diploma is attained	Yes/No	
5.	Minimum 01 Year Work Experience Certificate from Employer after DMLT	Yes/No	
<b>Any other Certificate/ Documents-</b>		Yes / No	
1.		Yes / No	
2.		Yes / No	
3.		Yes / No	

**I am aware that the above mentioned certificates/documents have been submitted by me to NIMHANS for safe custody during the duration of the above mentioned course in NIMHANS and will be returned to me either at the end of the course duration for the above mentioned course or discontinuation of the course by me; only after the completion of “Dues Clearance” Procedure by A&E Section, NIMHANS.**

Kindly accept my consent letter in this regard and do the needful.

Thanking you,

Yours faithfully,

***(Signature of the Student)***



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**DECLARATION BY THE STUDENT**

a. I, Ms./Mr./Smt. \_\_\_\_\_ declare as under:

***(Cross out which is not applicable)***

- i. that I am unmarried/a widower/a widow ***(Tick which is applicable)***.
- ii. that I am married and have only one wife living.
- iii. that I am married and have more than one wife living.
- iv. that I am married and that during the life time of my spouse, I have contracted another marriage.
- v. that I am married and my husband has no other living wife to the best of my knowledge.
- vi. that I have contracted a marriage with a person who has already one wife or more living. Application for grant of exemption is enclosed.

b. I solemnly affirm that the above declaration is true and I understand that in the event of the declaration being found to be incorrect after my application, I shall be liable to be dismissed from the course.

**Date:**

**Signature of the Student**

**FORM OF OATH/ AFFIRMATION**

I, Ms./Mr./Smt. \_\_\_\_\_ ***(Name of the Student)***, do solemnly affirm that I will be faithful and bear true allegiance to India and to the Constitution of India as by Law established. I will uphold the sovereignty and integrity of India and that I will carry out the duties of my office loyally, honestly and with impartiality.

**Signature of the Student**

## **Declaration Certificate by Student**

**a. To be provided by the Student**

- i. I agree to undergo the course on a full time basis and shall not engage myself in any kind of private practice during the period of the course. I will not pursue any part time course elsewhere unless permitted by the Institute.
- ii. I agree that during my stay at the Institute, I shall not draw my pay/allowances or fellowships from any other source, if I am employed as a Resident.
- iii. I declare that I shall abide by the Rules and Regulations of the Institute and those that are framed from time to time.
- iv. I hereby declare that the information given in this application is true and correct to the best of my knowledge and belief. In case any information given in this application proves to be false or incorrect, I shall be responsible for the consequences.
- v. I agree that I will not indulge in ragging and am aware that Ragging is banned in this Institution. If at any point of time, any incident of ragging comes to the notice of the authority and if I cannot give satisfactory explanation, the authority may expel me from the Institute.
- vi. I also declare that if any information provided by me is found false, my candidature will be rejected at any point of time. Mere permission to write the Entrance Test does not mean that I am eligible for admission to courses at NIMHANS.

**Place:**

**(Signature of the Student)**

**Date:**

**b. To be provided Parent/Spouse/Guardian of the Student**

- i. I hereby declare that I am responsible for the timely payment of all dues to the National Institute of Mental Health and Neurosciences, Bengaluru (NIMHANS), in respect of my son/daughter/ward/spouse..... **(Name of the Student)** during the period of his/her study at the Institute and thereafter, until the accounts are cleared.
- ii. I am also aware that Ragging is banned in this Institution, if any incident of ragging comes to the notice of the authority and if my son/daughter/ward/spouse cannot give satisfactory explanation, the authority can expel him/her from the Institute.

**Place:**

**(Signature of Parent/Spouse/  
Guardian of the Student)**

**Date:**

**c. Forwarding note to be signed by the Employer under whom the student is employed (Applicable for Sponsored/Deputed Students)**

- i. I certify that the application is being made with my permission and that there is no objection to release the student if selected for the courses, within the prescribed limit of time.
- ii. I also certify that I shall inform the authorities of the National Institute of Mental Health and Neuro Sciences, Bengaluru (NIMHANS), about the financial terms and remit salary, Leave salary, Deputation Allowances, etc., to the Institute Account which will be paid to the Student for the period of the period of training from the Institute.

**Place:**

**(Signature and Seal of the Employer)  
Office seal and address of the Employer**

**Date:**



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**MEDICAL CERTIFICATE OF HEALTH**

**(To be filled in Block Letters only)**

I hereby certify that I have examined **(Name of Student)**  
\_\_\_\_\_, a student for admission as a student to  
\_\_\_\_\_  
\_\_\_\_\_ **course** at National  
Institute of Mental Health and Neurosciences (NIMHANS), Bengaluru, India and cannot discover that he/she  
**(Tick the appropriate)** disease (communicable or otherwise), constitutional weakness or bodily infirmity  
except \_\_\_\_\_.

I do not consider this as disqualification for his/her **(Tick the appropriate)** admission as a student  
\_\_\_\_\_ course at NIMHANS.

Sri/Smt/Dr.**(Name)** \_\_\_\_\_  
\_\_\_\_\_ 's age according to his/ her own statement is \_\_\_\_\_ years **(to be filled in)** and by appearance about \_\_\_\_\_ years **(to be filled in)**.

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

**Seal and Signature of the Medical Officer  
of a Central /State Govt. Hospital**

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



**NATIONAL INSTITUTE OF MENTAL HEALTH AND NEUROSCIENCES  
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**Application Form for Admission to Hostel**

1. Name of the Student: \_\_\_\_\_
2. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (DD/MM/YYYY) Age: \_\_\_\_ Years
3. Gender: Male/Female/Others (*Strike out which is not applicable*)
4. Marital Status: Married/Unmarried
5. Course for which he/she is joining the Institute: \_\_\_\_\_
6. Duration of the Course: \_\_\_\_\_ Years
7. Name of the Guardian: \_\_\_\_\_
8. Relation with the Guardian: \_\_\_\_\_
9. Address of the Guardian: \_\_\_\_\_

PINCODE: \_\_\_\_\_

10. Category of the Student: Institute Stipendiary/ External Fellowship Student/Permanent Employee of NIMHANS/Tenured Employee of NIMHANS/ Employee of Project / Sponsored or Deputed from Other Govt. Organization (*Strike out which is not applicable*)

**DECLARATION BY STUDENT**

I have read the rules and regulations framed by the Hostel Authorities. I also promise to abide by such other rules and regulations as may be framed from time to time by the Hostel Authorities for the conduct of Hostelties.

Signature of the Student

**ENDORSEMENT BY THE HEAD OF THE DEPARTMENT**

Forwarded to the Warden with recommendation for allotment of a room in Men's/Ladies Hostel.

Seal and Signature of Head of the Department

**RECOMMENDATIONS OF THE WARDEN**

Admitted/Allotment of Room No. \_\_\_\_\_ OR Regretted. No accommodation is available in the Hostel.  
Please keep the application in the waiting list.

Date:

To,  
The Administrative Officer ,  
NIMHANS, Bengaluru-560 029.

Signature of the Warden

**FOR OFFICE USE ONLY**

Admission Fees including Caution Money Deposit of Rs. 5,000/- paid vide Transaction Ref. No. \_\_\_\_\_ dated \_\_\_\_\_ has been paid by the student.

Date:

Signature of AO(A&E)