

Institute of Mental Health and Hospital, Mathura Road, Agra-282002

Application form

Affix recent
Passport Size
Colour
Photograph with
Name and date

Advertisement Date.....

Post Applied For-

Category- Gen () OBC () SC () ST ()

1. Name of candidate-
(In block letters)

2. Father's/Husband's Name-.....
(In block letters)

3. Date of Birth- Year Month Day

4. Age (As on 01/07/2017) Years Months Days

5. Gender - Male () Female ()

6. Marital Status Married () Unmarried () Other () Specify-

7. Nationality-

8. Mailing Address-.....

.....

.....

Pin-

9. Permanent Address-.....

.....

.....

Pin-

10. E-mail Address-

11. Contact No. Base line- Mobile -
(With STD code)

12. Languages Known Hindi () English () Other () Specify-

.....

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15. Research Experience –

(Attach full citation list with Author/Authors Name)

A. Papers Published- National International

B. Papers Presented - National International

C. Dissertations Supervised - Ph. D. M.D. DNB M.Phil

D. Book/Book Chapter contributed- (if yes give detail)

E. Research Project Executed-

(Mention title of project and funding agency)

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F. Seminar/Conference/Workshop Attended-

(Attach separate sheet)

National International

16. Registration*- MCI() No. RCI () No.

NCI () No. Other () No

(*Registration is mandatory)

17. Do you fulfill essential qualification, if Yes please mention-

.....

18. Do you fulfill preferential qualification, if yes please mention-

.....

19. Sports- International National University NCC

20. Details of Application fee-

DD. No.	Date	Name of Bank and Branch	Place	Amount

21. Any Other information, if any-

(Attach Separate sheet)

22. Joining time required - Minimum Maximum-

DECLARATION

- (1) I, hereby, declare that I have carefully read the conditions of eligibility; the same are understood and binding on me.**
- (2) I also declare that all statements/information given in the application are true and correct and if any particulars/ information being found false or concealed, my candidature may be cancelled. In case, any thing adverse is detected after my appointment, my services are liable to be terminated and necessary disciplinary and legal action may be taken against me.**
- (3) I am employee of Govt. of U.P./Govt. of India/Govt. Undertaking/Autonomous body. I have informed and applied to the competent authority regarding my application and for issuance of No Objection Certificate on dated -**

List of Enclosures-

Signature of the Candidate

Place:

Date: