

# 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 Years  Months  Days   
(As on 01/07/2017)

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-

.....

.....



15. Research Experience –

(Attach full citation list with Author/Authors Name)

A. Papers Published- National  International

B. Papers Presented - National  International

C. Dissertations Supervised - M.Phil  Ph.D

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\*- RCI ( ) No.

Other ( ) No

(\*Registration is mandatory)

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

.....  
.....

18. Do you fullfill 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: