S. No.

Institute of Mental Health and Hospital

Mathura Road, Agra – 282002

Admission Application Form

Affix Recent self attested photo

1. Nomenclature of the Course Applied For:
2. Full Name of the Applicant (In Capital Letters):
3. Father's/Guardian's Name:
4. Date of Birth:
5. Age:
6. Gender:
7. Caste: S.C./S.T./OBC/General
8. Marital Status:
9. Nationality:
10. Complete Postal Address including PIN:
11. Permanent Address including PIN:

12. MO/Phone No. (mandatory):

13. Email (mandatory):

14. Educational Qualifications:

Sl. No.	Level	Subject	Board/ University	Year of Passing	Marks Obtained	Total Marks	Percentage/ Grade
1	High School						
2	Intermediate						
3	Graduation						
4	Post-graduation (Regular Mode)						
5	GNM for Nursing Candidates						
6	Any other, Specify						

15. Research Experience, if any

16. If in-service, details of the employment:

17. Enclose following documents only:

    a. Self-certified copy of Marks Sheets (Application form without this document shall be rejected)

    b. Self-certified copy of Certificates/Degree if available

    c. Self-certified copy of Caste certificate for SC/ST/OBC candidates of U.P. State only

    d. Two Copies of Filled up Admit Card for Entrance Examination for M.Phil Candidates only

    e. A self-addressed envelope affixing stamp of Rs. 39/- for Speed Post. Recommendations from the employer for in-service candidates (The employees of State Governments/ Central Governments/ Public Sector Undertakings/ Autonomous Bodies/ Government Funded Organizations) should submit their application through the employer or competent authority and submit a No

objection certificate along with a declaration whether the candidate would be paid salary during the period of training.)

21. **Application Fee**: Rs. 1500/- for general candidates and Rs. 750/- for reserved candidates to be deposited through demand draft drawn in favor of "Director, Institute of Mental Health and Hospital, Agra".

Banks Name	Draft No	Date	Amount

Declaration

I do hereby declare that the above information is correct. If at any stage any concealment or fraudulent information is detected, my application and even admission to the course may be cancelled and I shall remain responsible for such an act. In the event of incomplete information and lack of essential enclosures, my application form may be rejected for which I shall have no claim.

Date: **Signature of the Candidate**

The application form should be sent only by Registered/ speed post or delivered personally at the office of Institute of Mental Health and Hospital, Mathura Road, Agra – 282002. Application sent through Private Courier Services/Email/Online submission will not be accepted.

Institute of Mental Health and Hospital, Agra

M.Phil Candidates only

Admit Card for Entrance Examination

To be filled by the Office: **CANDIDATE'S COPY**	
Roll No.	
Date & Timings of Entrance Examination	
Place of Entrance Examination	Academic Block, Institute of Mental Health and Hospital, (Formerly Mental Hospital), Opp. Billochpura Railway Station, Agra-282002, U.P. India

(To be filled in by the Candidate)

Affix Recent self attested photo

1. Nomenclature of the Course:
2. Name of the Candidate:
3. Father's Name:
4. Age:
5. Gender:
6. Caste: S.C./S.T./OBC/General
7. Percent Marks in Post-graduation:
8. Complete Postal Address
9. Mobile No.
10. Email:

(Examination Superintendent)

Institute of Mental Health and Hospital, Agra

M.Phil Candidates only

Admit Card for Entrance Examination

To be filled by the Office: **INSTITUTION'S COPY**	
Roll No.	
Date & Timings of Entrance Examination	
Place of Entrance Examination	Academic Block, Institute of Mental Health and Hospital, (Formerly Mental Hospital), Opp. Billochpura Railway Station, Agra-282002, U.P. India

(To be filled in by the Candidate)

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1. Nomenclature of the Course:
2. Name of the Candidate:
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5. Gender:
6. Caste : S.C./S.T./OBC/General
7. Percent Marks in Post-graduation:
8. Complete Postal Address
9. Mobile No.
10. Email:

(Examination Superintendent)