

# **Institute of Mental Health and Hospital**

**Old Mathura Road, Agra – 282002**

## **Admission Application Form**

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):

**Affix Recent self  
attested photo**

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	Any other, Specify						

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

16. Enclose following documents strictly in the given sequence:

1. High School mark sheet
2. MA/M.SC. final marks sheet
3. Cast Certificate
4. No objection Certificate
5. Admit Card
6. Remaining relevant documents of qualification and experience

17. **Application Fee:** Rs. 1500/- for general candidates and category candidate other than UP.

Rs. 750/- for reserved candidates of U.P. to be deposited through demand draft drawn in favor of "Director, Institute of Mental Health and Hospital, Agra".

Bank 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 (Application sent through Email/Online submission will not be accepted) at following address**

**INSTITUTE OF MENTAL HEALTH AND HOSPITAL,  
OLD MATHURA ROAD, AGRA – 282002.**

# Institute of Mental Health and Hospital, Agra

M.Phil/Diploma Candidates only

## Admit Card for Entrance Examination

To be filled by the Office: <b>CANDIDATE'S COPY</b>	
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)*

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:

**Affix Recent self  
attested photo**

**(Examination Superintendent)**

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**M.Phil/Diploma Candidates only**

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**Affix Recent self  
attested photo**

**(Examination Superintendent)**