



INSTITUTE OF MENTAL HEALTH & NEUROSCIENCES [IMHANS]

Autonomous institution under Govt. of Kerala
Govt. Medical College campus, Kozhikode – 673 008

Tele-Fax: 0495-2359352

Email: imhansclt@gmail.com, www.imhans.org

Affix a recent
passport size
photograph duly
signed by the
candidate

APPLICATION FOR THE POST OF :
(in Block letters)

Advertisement No.& Date :

To be submitted to:

The Director
Institute of Mental Health and Neurosciences
(IMHANS)
Govt. Medical College campus, Kozhikode – 673 008

Application fee particulars:

DD No & Date	Amount	Name of the Bank & Address

INSTRUCTIONS TO CANDIDATES:

- The application form should be filled in by the candidate's own handwriting or typed
- All the columns should be filled and incomplete application will be rejected
- Separate application should be sent for each post
- Candidates who are in government service should apply through proper channel
- Canvassing in any form will be disqualification
- Self-attested copies of educational certificates, experience certificates, age proof, caste/community certificates and testimonials/references should be attached with the application
- If the space provided for furnishing particulars is insufficient, full particulars may be furnished in a separate sheet of paper and enclose with the application, inserting reference to that effect.

S.N		
1	Full Name (in block letters)	
2	Father's / Husband's Name	
3	Mother's Name	

15	Details of teaching/research/clinical experience (Relevant experience only)					
	Designation	From	To	Organization	Place	Nature of work
16	Additional qualification, if any (NET/SET etc)					
17	Details of prizes/medals/scholarships etc.					
18	Details about professional registration (If any)					
18	Name and address of two referees		1			
			2			
19	a) Publications Journal article Indexed Non-indexed Book/Book chapters <i>[Details with complete citation to be attached as separate sheet]</i> b) Papers presented: (at conferences) National International c) Projects completed/ongoing)					

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List of enclosures

I, hereby declare that, all the above particulars furnished here is true to the best of my knowledge & belief. I am aware that, my application is liable to be rejected if the particulars given are incomplete or found to be incorrect.

Place

Date

Signature of the Candidate

NO OBJECTION CERTIFICATE FROM THE PRESENT EMPLOYER

Ref. No: Date:

Certified that Shri./Smt./Kum.....is a permanent / temporary employee of this Institute / Organisation / Govt. Office in the designation of since (Date)..... His/her application is recommended and forwarded for the post. This Institute / Organisation / Government Office has no objection for applying/attending any interview to the post and he/she would be relieved in the event of selection.

Signature

Designation

(Head of the Organization with office seal)

Place

Date