

INSTITUTE OF MENTAL HEALTH AND NEUROSCIENCES (IMHANS)

An Autonomous Institute under Government of Kerala P.O. Medical
College, Kozhikode – 673 008

Ph: 0495-2359352, Fax: 0495-2358352, E-mail: imhansoffice@gmail.com, visit us: www.imhans.org

Application number
(for office use only)

Paste a self attested recent passport size photo

TYPE OF APPLICANT : GENERAL GOVERNMENT
() MARK THE APPROPRIATE

DETAILS OF THE DEMAND DRAFT

Name of the Bank :

DD No :

Date :

Amount

1. ADVERTISEMENT NO. AND DATE

2. NAME OF THE COURSE APPLIED FOR:.....

3. NAME IN FULL BLOCK LETTERS

<input type="text"/>

4. FATHER'S NAME

<input type="text"/>

5. MOTHER'S NAME

<input type="text"/>

6. AGE & DATE OF BIRTH :

<input type="text"/>	<input type="text"/>	<input type="text"/>
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(Day/Month/Year)

7. RELIGION

<input type="text"/>

8. CASTE

.....

(Copy of caste certificate to be attached incase of reservation)

8. CATEGORY : GEN OBC SC ST EWS

9.GENDER :

10.NATIONALITY :

11.MARITAL STATUS :

11.PERMANANT ADDRESS :

12.ADDRESS FOR CORRESPONDANCE :
(INCLUDE PHONE NUMBER
/MOBILE NUMBER)

13.PRESENT OFFICE ADDRESS WITH :
PHONE/MOBILE NUMBER

14. EDUCATION DETAILS

(Indicate clearly the examination passed/courses undergone / university / board/ institution / year of passing / class or percentage of marks / subjects taken etc. Copies of original certificates to be attached

I.GENERAL EDUCATION

Exam Passed	Board/	Year of	Class/	Marks		% of	Subjects
	University	Passing	Division	Obtained	Out of	Marks	Offered
SSLC or equivalent							
+2 or equivalent							
Degree							
PG							
OTHERS IF ANY							

II. PROFESSIONAL EDUCATION

EXAMINATIONS PASSED	NAME OF INSTITUTION	UNIVERSITY/COUNCIL	MARKS SECURED	TOTAL MARKS	PERCENTAGE OF MARKS OBTAINED
GNM					
PBBSc					
BSc					

III. REGISTRATION DETAILS

RN NUMBER	RM NUMBER

15. PARTICULARS OF SERVICE (ATTACH COPY OF CERTIFICATES FROM THE COMPETENT AUTHORITY IN THE CHRONOLOGICAL ORDER)

SL NO	POSITION HELD	PERIOD		POSTING AREA	TOTAL YEARS OF EXPERIENCE
		FROM	TO		

16. PUBLICATIONS, IF ANY :

Sl No:	Title of the paper	Author (s)	Journal	Year of Publication

(Add additional sheets if required)

:

17. PAPER PRESENTATION, IF ANY

Sl No:	Title of the paper	Conference details	Year of Presentation

Add additional sheets if required)

EXTRA CURRICULAR ACTIVITIES IF ANY

DECLARATION

I affirm that the information given in this application is true and correct. I also fully understood that if at any stage it is discovered that any attempt has been made by me to willfully conceal or misrepresent the facts, my selection will be cancelled and I will be terminated from the course.

SIGNATURE OF THE CANDIDATE	
DATE	

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Medical College, Kozhikode – 673 008

ADMIT CARD

POST BASIC DIPLOMA IN PSYCHIATRIC NURSING ENTRANCE
EXAMINATION
ACADEMIC SESSION- 2021-22

Paste a
recent
passport size
photograph

ADMIT CARD NUMBER

Grid for admit card number and Venue

NAME IN FULL (IN BLOCK LETTERS)

Grid for name in full

CATEGORY : GEN [] OBC [] SC [] ST []
Tick () whichever appropriate

Signature of the Candidate

Officer in Charge

..... Cut here..... Cut here.....

INSTITUTE OF MENTAL HEALTH AND NEUROSCIENCES
An Autonomous Institute under Government of Kerala
POST BASIC DIPLOMA IN PSYCHIATRIC NURSING

ATTENDANCE SLIP

Roll Number

Grid for roll number

NAME IN FULL (IN BLOCK LETTERS)

Grid for name in full

Table with columns: Sl. No, Item, Candidate, Invigilator/SC Member

CANDIDATES SHOULD PUT THEIR SIGNATURE ON THE ATTENDANCE SLIP IN PRESENCE OF
INVIGILATOR. 'ADMIT CARD NUMBER' AND 'VENUE' COLUMN IS FOR OFFICE USE ONLY

GENERAL INSTRUCTIONS BEFORE FILLING THE APPLICATION

1. Incomplete application form will be rejected. No Further correspondence in this regard will be entertained.
2. Present place of work has to be duly filled in otherwise it will be considered as incomplete.
3. All the enclosures should accompany with application form only.
4. Application received after the last date application will be rejected.
5. Three Latest Passport size photographs to be pasted and self attested in the requisite place.
6. Attested copies of RN & RM certificate.
7. NOC from the head of institution currently employed.
8. Anybody involving in Malpractices with respect to fake Certificates, fake Degree etc. will be disqualified and suitable action will be initiated.
9. Publication/Details received after last date will not be considered.
10. Self Attested photocopy of 10th Class certificate.
11. Self Attested photocopy of 12th class /equivalent certificate
12. Self Attested photocopy of all professional qualification certificates
13. Self-addressed envelope to be enclosed for dispatching of Admit Card(NO STAMPAGE REQUIRED)
14. Copy of Caste certificate duly self attested should accompany the application in case of claiming reservation.
15. The candidate is bound to produce the original of all certificates at the time of interview, failure in this regard will make the candidate disqualifying from the selection.