### Government of India

## Ministry of Health & Family Welfare

# Subject: Filling up of the post of DIRECTOR at National Institute of Mental Health and Neuro Sciences (NIMHANS), Bangalore.

Applications are invited for the post of **DIRECTOR at NIMHANS**, Bangalore from qualified Medical professionals fulfilling the following criterion:

Candidates working in Central Government, State Government, Autonomous Bodies or Statutory Bodies would need to apply through proper channel. The application completed in all respects should be sent to Sh. Anshu Prakash, Joint Secretary, Ministry of Health and Family Welfare, Room No. 158A, Nirman Bhawan, Maulana Azad Road, New Delhi - 110 108.

The prescribed application form may be downloaded from the Ministry's website: www.mohfw.nic.in

(S.K. Gupta) Under Secretary to the Government of India Room No. 521A, Nirman Bhawan, New Delhi - 110 108 Tel: 011-23061342

APPLICATION FOR THE POST OF DIRECTOR, NIMHANS, BANGALORE				
	<u> </u>	Affix recent		
		passport size		
		photograph duly		
		signed by the		
		candidate		
1 Nome in full /in black letters				
1. Name in full (in block letters				
2. Date of Birth (DD/MM/YY)				
3. Gender				
4. Father's / Husband's Name				
5. Present Address				
Tel. (with ISD/ STD Code) Mobile (with				
ISD/STD Code)				
6. Permanent Address				
<ol> <li>Whether belong to SC / ST / OBC (Valid in India) / General (Please attach documentary proof, if belonging to reserve category)</li> </ol>				
(incluse actually accumentary proof, in belonging to reserve category)				

#### 8. Academic Qualifications (Starting from Degree Onwards):

SI. No	Examination passed	Year of passing	Name College University	of /	% of marks	No. of attempts	Awards/ merit etc.

#### Please attach extra sheets if space above is insufficient

#### 9. Details of Employment (starting from the first position in chronological order):

SI. No	Name of the Employer	Post held (whether temporary or substantively)	Date of Joining	Date of leaving	Duration	Pay Scale

Please attach extra sheets if space above is insufficient

#### **10.** Area(s) of Specialization:

SI. No	Field of Specialization		

#### **11.** Particulars of Teaching & Research Experience:

SI.	Teaching & Name of the Institution / University		Period		Remarks
No	Research		From	То	

The Details of projects, with funding agencies: List of publications in indexed journals along with citation index and impact factor to be provided.

#### 12. Language known (Read, Write, Understand, and Speak):

SI. No	Understand only	Understand and speak only	Understand, speak and read only	Understand, speak, read and write	Any written examination or proficiency certificate in the languages

Please attach extra sheets, if space above is insufficient

- 13. Time required for joining if appointment is offered: \_\_\_\_\_
- 14. Give below the names of two persons of eminence who are in a position to testify from their personal knowledge to your fitness for the post (they must not be related to you):

Sl. No	Name	Address
1.		
2.		
3.		

15. Any additional qualifications such as Management course / Membership of Scientific/ bodies / Experience in Administration / Training abroad / Foreign visits etc (please attach extra sheet, if required):

SI. No	Additional Qualification	Peric	bd
		From	То

#### **16.** A complete list of publications:

(Please attach extra sheet - originals to be produced at the time of personal meeting)

#### **17. List of Enclosures:**

SI. No	Name
1.	
2.	
3.	
4.	
5.	
6.	
7.	
Total No. of Enclosure:	

18. NO OBJECTION CERTIF	ICATE FROM THE PRESENT EN	<b>IPLOYER</b>
Ref. No:	Date	::
Certified that Dr./Shri./Smt./Kun	۱	is
a permanent / temporary employee of this Ins	stitute / Organisation / PSU / G	ovt. Office in the
capacity of	since (D	ate) His/her
application is recommended and forwarded for	or the post. This Institute / Org	anisation / PSU /
Government Office has no objection for apply	ing / attending any interview t	o the post and he/she
would be relieved in the event of selection.		
	Signature :	
	Designation:	
	(Head of the Orga	nisation with Office Seal)
Place:		
Date :		