राष्ट्रीय मानसिक स्वास्थ्य पुनवोस संस्थान, सीहोर National Institute of Mental Health Rehabilitation, Sehore						
	Department of Empowerment of Persons with Disabilities (Divyangjan), Ministry of Social Justice & Empowerment, Govt. of India					
	पुराना जिला पंचायत भवन, लूनीया चौराहा, मंडी रोड, सीहोर, मध्य प्रदेश - 466001					
	Old District Panchayat Bhawan, Luniya Chauraha, Mandi road, Sehore, Madhya Pradesh -					

466001

वेबसाइट / Website: https://nimhr.ac.in, फोन / Phone: 0756-2223960, ईमेल / Email:

nimhrsehore@gmail.com

Application Format for Recruitment of Contractual Basis

Employment Notification No.	Application I			ion No.					
Application for the post of			I						
TF									
1. Name of the applicant (in capital letters)									
2. Father / Husband Name									
3. Date of Birth									
4. Nationality									
5. Religion									
6. Category									
7. Are you PWD									
8. Present Postal Address									
9. Contact No.									
10.E Mail ID									
11.Permanent Address									
	Exam Name of the Passed School/College/ University		Division		centage Marks	Year o Passing	ofSubjects Taken		
							+		
							+		
							4		
13. Details of Experiences:	Details of		Salary		Name	of t	heDuratior	n Nature of	
	Post held		Drawn			ization	With dat		
	(Designation		(Pay Band + G.P to b						
	/ Post / Nati		mentioned in						
	· · ·	,	Govt. Organiz	ation)					
14. Particulars of places (with									
during the preceding five years. In case of stay abroad, particulars of all places where you								have resided	
	for more than one year after attaining the age of 21 years would be given:								
	FROM TO Residential address in full (i.e., village, Name of the district Head Quarters of the								
thana									
H.No.,	/lane/street/road and town)								
15.Do you have any									

16. Innovative and Developmental works undertaken	
17. Details of published research articles, if any	
18.Significant Achievements	
19. Why you think you are suitable for the post you have applied for (Details within one page)	
Signature of the Applicant Date: Place:	