



राष्ट्रीय मानसिक स्वास्थ्य पुनर्वास संस्थान सीहोर
National Institute of Mental Health Rehabilitation, Sehore

दिव्यांगजन सशक्तिकरण विभाग, सामाजिक न्याय और अधिकारिता मंत्रालय, भारत सरकार

Department of Empowerment of Persons with Disabilities (Divyangjan),
Ministry of Social Justice & Empowerment, Govt. of India

NH-46 भोपाल इंदौर हाईवे, शेरपुर, सीहोर, मध्य प्रदेश - 466001

NH-46 Bhopal Indore Highway, Sherpur, Sehore, Madhya Pradesh - 466001

आरोग्यार्थं मनःस्वास्थ्यम्

वेबसाइट / Website: <https://nimhr.ac.in>, फोन / Phone :07562-223960, ईमेल / Email: nimhrsehore@gmail.com

Form No. _____

Application form for admission to (name of the course): _____

1	Student's Name			
2	Father's Name			
3	Mother's Name			
4	Date of Birth	(DD/MM/YYYY)		
5	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/>		
6	Nationality			
7	Aadhar Number			
8	Category	Gen <input type="checkbox"/> OBC <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/>		
9	Persons with Disability (PwD)	YES <input type="checkbox"/> NO <input type="checkbox"/>		
10	Are you Parent/Sibling of PwD	YES <input type="checkbox"/> NO <input type="checkbox"/>		
11	If yes, mention UDID umber or UDID enrolment number			
12	Do you belong to EWS Category			
13	Permanent Address		Correspondence Address	
	Address			
	Village/City			
	District			
	State			
Pin Code				
14	Mobile Number:		Email ID:	

15. Educational Qualification:

Name of the Examination passes	Board/ University	Year of passing	Total Marks	Marks obtained	% obtained	Subject(s)
10th						
12th						
Any Other						

Declaration

I hereby declare that all the information and documents furnished by me is true and correct to the best of my knowledge and belief. In the event of any information being found incorrect or misleading, my candidature shall be liable for cancellation for admission by the NBER, RCI or concerned training institutes at any stage.

(Name and Signature of the Applicant)

Note: Self attested copy of caste, educational qualification and UDID (PwD) certificate (if applicable), any other relevant documents to be enclosed along with the application form.



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Acknowledgement Slip

Form no. _____

Received Application from _____ S/o/D/o/W/o

_____ for admission to for the

academic session 2024-25.

Date:

Name and signature of the

Place:

Course Coordinator/HoD