



B.M. Institute of Mental Health
Application Form

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(The application form must be filled by Applicant in English only.)

Application for the post:

Name of the Applicant:

Surname:

First Name:

Father's / Husband Name:

Date of Birth:
D D M M YEAR

Gender:

Marital Status: Single / Married / Other:

Nationality:

Category:

Complete Postal Address (in block letter)

(Please do not write your name or father's name)

PIN _____

Mobile No. : _____

Email ID-1: _____

Permanent Address (in block letter)

(Please do not write your name or father's name)

PIN _____

Mobile No. : _____

Email ID-2: _____

Details of qualifications: (Education /Technical / Professional)

Exam Passed	Name of School / College	Year of passing	Board / University	Class/ Division	Subject	Aggregate Percentage	No of Attempt

***Note:** If the degree shall be given to students based upon CPI / SPI / CGPA, it is compulsory to attach percentage conversion guideline concern University.

Languages Know:

Language	Speak	Read	Write
English			
Hindi			
Gujarati			
Other			

Experience Details: (Education /Technical / Professional)

Organization Name	Designation	Date From	Date To	Work Detail

Reference Details:

Details	Reference - 1	Reference - 2
Name		
Complete Postal Address		
Phone (Landline) with STD code		
Mobile No.		
Email-Id		

I hereby state that the above details are true and correct to the best of my knowledge. I understand that a false statement may disqualify my application for the said post.

Date: _____

Place: _____

Signature of Applicant

(Please Attach self-attested following documents.)		
Sr.No.	Document Name	Page No.
1	Leaving Certificate / SSC Passing Certificate.	
2	SSC Marksheet(10th)	
3	HSC Marksheet(12th)	
4	Under Graduate course Marksheet (UG)	
5	UG Degree Certificate.	
6	Post Graduate course Marksheet (PG)	
7	PG Degree Certificate.	
8	Experience Certificate.	
9	Other Documents	