



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

पुराना जिला पंचायत भवन, लूनीया चौराहा, मंडी रोड, सीहोर, मध्य प्रदेश - 466001

Old District Panchayat Bhawan, Luniya Chauraha, Mandi road, Sehore, Madhya Pradesh – 466001

आरोग्यार्थं मनःस्वास्थ्यम् वेबसाइट / Website: <https://nimhr.ac.in>, फोन / Phone: 0756-2223960, ईमेल / Email: [dy.registrar@nimhr.ac.in](mailto:dy.registrar@nimhr.ac.in)

**ADMISSION FORM FOR DIRECT ADMISSION TO CERTIFICATE AND DIPLOMA LEVEL  
COURSE FOR THE ACADEMIC SESSION 2023-24**

Form no---

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

Photograph

35x45 mm

1	Student's Name				
2	Father's Name				
3	Mother's Name				
4	Date of Birth	(DD / MM / YYYY)			
5	Gender	Male	Female	Transgender	
6	Nationality				
7	Aadhar Number				
8	Category	Gen	OBC	SC	
9	PwD	Yes	NO		
10	If yes, mention UDID number or UDID enrolment number				
11	Do you belongs to EWS Category	Yes	NO		
12	Permanent address		Correspondence address		
	Address				
	Village /City				
	District				
	State				
	Pin Code				
13	Mobile Number:				E-mail ID:

14. Educational Qualification:

Name of the Examination passed	Board / University	Year of passing	Total Marks	Marks obtained	% Obtained	Subject(s)
10 <sup>th</sup> / 12 <sup>th</sup>						
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 institute 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 alongwith with the application form.*



आरोग्यार्थं मनःस्वास्थ्यम्

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### Acknowledgement Slip

Form no-----

Name of the Training Institute with complete postal address, phone number, Email ID and Website

Received Application from -----S/o,D/o,W/o----- for  
admission to..... for the academic session 2023-24.

Date:

Name and signature of the

Place:

Course Coordinator/ HoD



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