

राष्ट्रीय मानसिक स्वास्थ्य पुनर्वास संस्थान - सीहोर

National Institute of Mental Health Rehabilitation, Sehore दिव्यांगजन संशक्तिकरण विभाग, सामाजिक न्याय और अधिकारिता मंत्रालय, भारत सरकार

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

Form no---

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 मनः स्वास्थ्यम वेबसाइट / Website: https://nimhr.ac.in, फोन / Phone: 0756-2223960, ईमेल / Email: dy.registrar@nimhr.ac.in

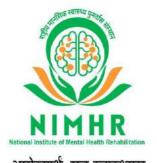
ADMISSION FORM FOR DIRECT ADMISSION TO CERTIFICATE AND DIPLOMA LEVEL **COURSE FOR THE ACADEMIC SESSION 2023-24**

Applic	ation form for	admission to (r	name of the	course) :						
										Photograph 35x45 mm
1	Student's Nar	ne								
2	Father's Nam	e								
3	Mother's Nan	ne								
4	Date of Birth				(DD	/ MI	M / YYYY			
5	Gender				Male		Fema	le	Tra	nsgender
6	Nationality									
7	Aadhar Numb	er								
8	Category				Gen		OBC		SC	
9	PwD				Yes		NO			
10	If yes, ment enrolment nu		number	or UDID						
11	Do you belon	gs to EWS Categ	gory		Yes	s NO				
12		Pern	nanent addr	ess	Correspondence address				ddress	
	Address									
	Village /City									
-	District									
	State									
	Pin Code									
13	Mobile Numb	er:					E-mail II	D:		
14.		Qualification:								
I .	of the	Board /	Year of	Total Marks			% Obtai	ned	Subject	(s)
	nation passed	University	passing		obtaine	ed				
10'' th										
Any other										
	•		ı	L	I		1		1	
				Declaration	1					

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)

Self attested copy of caste, educational qualification and UDIo (PwD) certificate (If applicable), any other relevant documents to be enclosed alongwith with the application form.



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Acknowledgement Slip

	Form no	
Name of the Training Institute with complete postal address, pho	ne number, Email ID and Website	
Received Application fromS/o,D/o,W/o		for
admission to for the academic session	2023-24.	
Date:	Name and signature of the	
Place:	Course Coordinator/ HoD	

राष्ट्रीय मानसिक स्वास्थ्य पुनर्वास संस्थान – सीहोर

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आरोग्यार्थं व्यक्ताइटा क्रिक्टा te: https://nimhr.ac.in, फोन / Phone: 0756-2223960, ईमेल / Email: dy.registrar@nimhr.ac.in