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 भोपाल – इंदौर हाइवे, शेरपुर, सीहोर, मध्यप्रदेश - 466001

Bhopal – Indore Highway, Sherpur, Sehore, Madhya Pradesh – 466001

वेबसाइट / Website: https://nimhr.nic.in, फोन / Phone: 0756-2223960, ईमेल / Email: nimhrsehore@gmail.com

Application Format for Recruitment of Contractual Basis

Paste self

							attested	
Emp	loyment Notification No.	Notification No. Application No.				passport size photograph of		
Application for the post of				•		c	andidate	
1.	Name of the applicant (in capital letters)							
2.	Father / Husband Name							
3.	Date of Birth							
4.	Gender							
5.	Nationality							
6.	Religion							
7.	Category							
8.	Are you PWD							
9.	Present Postal Address							
10.	Contact No.							
11.	E Mail ID							
12.	Permanent Address							
13.	Educational/Technical Qualifications (from 10th or equivalent and onwards)	Exam Passed	Name of the School/College/ University	Division	Percentage of Marks	Year o Passing	fSubjects Taken	
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14.	Details of	Experie	nces:	Details of	Salary			ne Duration	Nature
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				/ Post ,	be mention	ned in			
				Nature)	case of				
					Govt. Organ	ization)			
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15.	Particula	rs of plac	ces (with peri	ods of residenc	es), where vo	u have :	resided for mo	re than one	vear at a
				years. In case					
				after attaining					<i>y</i> = 51 = 111 = 1
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				street/road and		place in	circonca iii tii	c preceding (coramii
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16.	Do you	have any	relatives in	L					
	NIMHR								
17.	Innovativ	e and D	evelopmental						
	works un	dertaken	1						
18.	Details o	of publisl	hed research	ı					
	articles, i								
19.	Significar		ements						
	0181111001		011101100						
00	XX71	41- : 1	u are suitable						
20.									
	for the post you have applied								
	for (Details within one page)								
	[Details v	vitnin one	e pagej						
Б.									
Date									
Place	:								
							Sign	ature of the	Applicant