

CANCELLATION NOTICE

Reference is invited to the Employment Notice No. 08/2024 published in the Employment News Paper dated 21-27 December, 2024, NCS Portal, national dailies, as well as on the various websites including website of the National Institute of Mental Health Rehabilitation, Sehore regarding recruitment for the post of Deputy Registrar.

02. In this connection, it is to inform to all the applicants that the aforesaid employment notice stands cancelled due to Administrative Reasons and it is decided to refund the fee to all the applicants who have paid the recruitment fee.

03. Accordingly, all the applicants, who have paid the recruitment fee will have to submit the "mandate form" duly signed by applicant and bank along with copy of cancelled cheque/bank statement/passbook latest by 10.06.2025 with subject **"Refund of recruitment fee for the post of Deputy Registrar"** at the email id: acct.officer@nimhr.ac.in to process the refund.

04. In case of non-submission of required documents within stipulated date, no any correspondence regarding fee refund will be entertained.

Sd/-
Director
NIMHR

MANDATE FORM**(Account/s Information form)****ELECTRONIC CLEARING SERVICE (CREDIT CLEARING)/REAL TIME GROSS SETTLEMENT (RTGS)/ NATIONAL ELECTRONIC TRANSFER (NEFT)/ INTRA BANK ACCOUNT TRANSFER FACILITY FOR RECEIVING PAYMENTS****A. DETAILS OF ACCOUNT HOLDER:**

NAME OF ACCOUNT HOLDERER (CAN)	
COMPLETE CONTACT ADDRESS	
MOBILE NUMBER / PH NO	
PAN No.	
E. MAIL	

B. BANK ACCOUNT DETAILS:

ACCOUNT NAME (Name appearing in your cheque Book)	
BRANCH NAME WITH COMPLETE ADDRESS, TELEPHONE NO	
BRANCH CODE	
COMPLETE BANK ACCOUNT NUMBER (Please note that Bank Account must be in the name of the Firm as appeared in the bill. In case of other Beneficiaries (Non-Vendor) the Account name must be in the name of Applicant.	
IFSC CODE	
TYPE OF ACCOUNT (SB/CURRENT/CASH CREDIT)	
MICR CODE OF BANK	

I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I would not hold the user institution responsible. I have read the option invitation letter and agree to discharge responsibility expected or me as a participant under the scheme.

(.....)

Signature of Customer

Date:

Certified that the particulars furnished above are correct as per our records.

(Bank's Stamp)

(.....)

N.B:

Please attach a Cancelled Cheque along with the account information form.