

Applying for :

Certificate Program
PG Diploma
Research Work
Practical Training

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Institute of Holistic Mental Health

Center For Webinars

www.ihmh.in - www.psykology.in - www.imh.in



Course No & Name:

Course Applying Date:

Optional Selected: (Select 3 for PG Diploma)

Enclosures: (tick those attached)

1. Past Academic Transcripts – Photocopies

2. Photo Copies of Graduation / Post Graduation

3. Autobiography – Self Note

4. Passport Size Photograph

5. Payment Confirmation Copy

6. Signed Application Form

7. Vitae (not more than two pages)

8. Proof of Identity – (Govt ID cards / Passport)

Option 1:

Option 2:

Option 3:

For office use only

PASTE YOUR
PHOTOGRAPH HERE
OR
ATTACH
A PHOTOGRAPH
VIA EMAIL

Reg No:

Guide:

Student
Advisor:

Name:

(as in your school certificates)

Fathers Name:

Title:

Gender:

Date of Birth:

Contact Address: (for all postal communications & book dispatch)

(write in capital letters)

Email 1:

Email 2 :

District:

State:

Hand Phone 1:

Country:

Postcode:

Hand Phone 2:

Nationality:

Country of Birth:

Country of Residence:

Academic Details

Include any course which you are currently taking and for which the outcome is not yet known.

Level of Study e.g. Cert/Dip/Degree	Start Date	End Date	Institution Attended, Subjects Studied & Full or Part Time	Class or Grade Awarded	Dat e Awarded	If Exam still to be taken, predicted result with

Relevant Employment or Work Experience -

Please complete even if you have enclosed a Vita.

<i>Current Employment Organization</i>	Dates	Job title & brief description of duties
<i>Previous Relevant Employment Organization</i>	<i>Dates</i>	<i>Job title & brief description of duties</i>

Experience in the Field of Psychology – Enclose certificates if Possible

Enclose certificates if Possible

English Language Requirement

Is English your first or second language at your school or college?

☐ Yes ☐ No

(If you have answered No, give details and dates of English Language qualifications and enclose copies of any results.)

Examining Body (TOEFL, IELTS etc):

Date of Award:

Score:

If any other tests give details-

Personal Statement

Reference - Give the names and addresses of two referees who can comment in confidence on your academic and professional work as appropriate.

Referee 1

First Names:

Surname/Family Name:

Work:

Address:

Referee 2

First Names:

Surname/Family Name:

Work:

Address:

Fee Details

Mode of Fee Payment - India :

Online Payment Ref No:

(Or) Draft or Check No:

(Or) Direct Deposit Details - Date & Bank Branch:

Fee Amount:

Mode of Fee Payment - Outside India

(Bank Transfer or PayPal - enclose payment copy with bank transfer details)

Bank Transfer No Or PayPal Email ID & No:

Date & Bank Name:

Amount:

Fee must be in Indian Rupees or US Dollars

Please contact the student advisor before sending this form and before sending any payment. He /she will be able to give you up-to-date instructions on the methods of payment available, the exact fee for your course and any other important information you may need to make a decision.

Bank Details for Fee Payment (pay at any one of these banks)

IDBI Bank Account

Current Account Name - Institute of Holistic Mental Health

Account Number - 011 3102 0000 59 404

IFSC Code - IBKL0000113

Bank Branch - Avinashi Road, Tiruppur, Tamilnadu - 641602

HDFC Bank Account

Current Account Name - Center For Webinars

Current Account Number - 502 0000 606 79 06

IFSC Code - HDFC0000445

Bank Branch - Mahaveer Colony, Sabapathipuram, Tiruppur, Tamilnadu - 641601

Checklist for Sending

1. Completed & signed Application form
2. Photo Copies of Certificates & transcripts of academic qualifications
3. Autobiography (Personal Statement About Yourself)

4. Course Fee Payment Copy
5. Bio Data & Proof of Identity
6. Photo

*Send Your Application Pack Online to Your Concerned Student Advisor – No Need to Send Hard Copies –
For More Information, Contact info@ihmh.in or call 0979 00 88 00 2*

DECLARATION: I apply for the course of study indicated overleaf run by Institute of Holistic Mental Health. All details on this form are true and correct. I understand that Institute of Holistic Mental Health is an autonomous Institute, non-accredited by any university – and that its courses are awarded through a private body which does not fall under laws of any country like United Kingdom or United States or India. I am satisfied that the eventual qualification is suitable for my needs. I have read and I agree with the conditions stated above. I undertake to pay all fees and charges on or before the admission and to abide by the decisions of Institute of Holistic Mental Health. I agree to my name and details being kept on computer for record-keeping purposes in accordance with the Data Protection. I understand all my details will be kept confidential. I agree & understand that the Fees once paid will not be refunded or will not be transferred to any other courses. All the legal cases, if any will be at the courts of Tiruppur in India, under Indian Penal Code only.

I hereby apply for admission to study at Institute of Holistic Mental Health for the course set out above, and confirm that the information provided is correct to the best of my knowledge and I agree to the terms & conditions of IHMH as applicable from time to time.

Signature:

Date & Place: