

Applying for:

- Certificate Program
PG Diploma
Research Work
Practical Training
Workshop / Webinar



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: (For PG Diploma – Write Module Number Only)

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)

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)

(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:

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

Referee 1	Referee 2
First Names:	First Names:
Surname/Family Name:	Surname/Family Name:
Work:	Work:
Address:	Address:

Fee Details

Mode of Fee Payment - India:

Online Payment Ref No:
(Or) Bank 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 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 using NEFT or IMPS through your mobile app or internet banking)

INDIAN Bank Account

Current Account Name - Institute of Holistic Mental Health
Current Account Number - 6 5 11 7 6 1 6 9 8
IFSC Code - IDIB 000 K 260 (0 - ZERO)
Bank Branch - Kangeyam Road, Tiruppur, Tamilnadu - 641604

Checklist for Sending

- | | |
|--|---------------------------------|
| 1. Completed & signed Application form | 4. Course Fee Payment Copy |
| 2. Photo Copies of Certificates & transcripts of academic qualifications | 5. Bio Data & Proof of Identity |
| 3. Autobiography (Personal Statement About Yourself) | 6. Passport Size 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: