# 93, IV East Street, Amarjothi Gardens, Tiruppur Tamilnadu – www.ihmh.in / www.psykology.in / www.imh.in – 0421 4250402 / 097900 88 00 2

## Applying for: Certificate Program PG Diploma Research Work

# Institute of Holistic Mental Health



Research Work Practical Training Workshop / Webinar		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)							
Past Academic Transcripts – Photocopies								
2. Photo Copies of Graduation / Post Graduation								
3. Autobiography – Self N	Note							
4. Passport Size Photogr	aph				E	or office use only		
5. Payment Confirmation Copy		PHOTO	No:					
6. Signed Application Form				OR ATTACH	Guid	e:		
7. Vitae (not more than two pages)		A PHOTOGRAPHH  VIA EMAIL  Student  Advisor:						
8. Proof of Identity – (Govt ID cards / Passport)								
Name: (as in your school certificates)								
Fathers Name:								
Title:	nder:	Date of Birth:						
Contact Address: (for	all postal cor	nunications) (write			e in capital letters)			
			Email 1:					
		Email 2:						
District: State:				Hand Phone 1:				
Country:	Country: Postcode:				Hand Phone 2:			
Nationality:		Country of Birth:		Country of Residence:				

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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, ubjects Studied & Full or Part Time		Class or Grade Awarded	Dat e Awarded	If Exam still to be taken, predicted result with
Relevant Employme	nt or We	ork Experi	ence	Please co	mplete ev	en if you have en	closed a Vita.	
Current Employment Organization		Dates		Job title & bi	rief descr	ription of duties		
Previous Relevant Employment Organization		Dates		Job title & brief description of duties				
Experience in the Fi	eld of P	sychology	<u>/ – En</u>	close certificates	if Possib	le		
English Language R	Requiren	nent (not a	appli	cable for st	udents	from India)		
Is English your first or s	econd lar	nguage at ye	our so	chool or colle	ge?	O Yes	O No	
(If you have answered I	No, give de	etails and dat	tes of	English Langua	age qual	ifications and er	nclose copies o	f any results.)
Examining Body (TOEF	L, IELTS	etc.):						
Date of Award:					Score:			
If any other tests give de	etails-							

## Personal Statement

This section forms a crucial part of your application which will be taken into account by those selecting students for admission. You should demonstrate clearly why you are applying for this course, the nature of your interest in it, and what benefits you expect to gain (Continue on a separate page if necessary).

<b>Reference</b> - 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 and or internet banking)						
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 16 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
- 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. Passport Size Photo

Send Your Application Pack Online to Your Concerned Student Advisor – No Need to Send Hard Copies – For More Information, contact <u>info@ihmh.in</u> 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: