Applying for: Institute of Online Program psy Kology Residential Workshop **Holistic Mental Health** Seminar Conference **Online Webinar** www.ihmh.in - www.psykology.in - www.imh.in Course No & Name: DATE OF BIRTH: (DDMMYYYY) **Enclosures required with filled & Optional Selected** (For PG Diploma Only - Write Selected Module Numbers) signed application form **FATHER NAME:** 1. Academic Certificates - Photocopy 2. A Photograph **GENDER:** 3. A Profile / CV / Bio- Data 4. Other Supporting Credentials (if any) 5. Proof of Identity – (any govt ID card) For office use only -Course Start Dt: 6. Statement of Purpose - (- (This section forms a Registration No: crucial part of your application which will be considered by those who select students for admission. You should Student Advisor: demonstrate clearly why you are applying for this Guide Allotted: course, the nature of your interest in it, and what **Program Duration:** benefits you expect to gain)) Name: (as in your school certificate) **Contact Address: (for learner registration)** Email ID's (write in capital letters) & Phone No's Email 1: Email 2: District: State: Mobile / Phone: Country: Postcode: Whats App / Telegram: Nationality: Country of Residence: Academic Details - Include the past completed courses and the courses which you are currently pursuing **Program Name -**Name of the Mode of Study **Date of Completion Grades Obtained UG/PG** Institution (Regular / Distance)

| English Language Requirements for students from others. Is English your first or second language at your school or others. | | | O No |
|--|--------|-------------------------------|----------------------|
| (If you have answered No, give details and dates of English Language qualifications, and enclose copies of results, if any – CPE /TOEFL / IELTS / PTE) | | | |
| Reference - Give the names and addresses of two referees who can comment confidently on your academic and professional work as appropriate. (compulsory for international learners) | | | |
| Reference 1 | Refere | ence 2 | |
| | | | |
| Fee Payment – You shall pay the fees only after your documents are accepted and provisional enrollment is done for the required course. | | | |
| Experience in the Field of Psychology: | | | |
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| (Enclose certificates if Possible) | | | |
| Application Checklist 1. Completed & signed application form | | ayment Options: | and the fact through |
| 2. Photocopies of academic qualifications | On suc | ccessful admission, you can p | bay the lee through |
| Statement of purpose A photo of the applicant | 1. | IMPS /NEFT / Net Banking / M | lobile Banking Apps |
| 5. A proof of identity | 2. | Google Pay / UPI / App Based | Payment Methods |
| Other supporting credentials (if available) A Profile / CV / Bio- Data | 3. | Cash Deposit at a Bank Branc | h near to you |
| 8. English Language Proficiency (if required) | Э. | Cash Deposit at a Dank Dranc | Ti fiear to you |
| DECLARATION: I apply for the course of study indicated overleaf run by Institute of Holistic Mental Health. All details in 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 the United Kingdom or the 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 admission and to abide by the decisions of Institute of Holistic Mental Health. I agree to my name and details being stored in the cloud for record-keeping purposes in accordance with the Data Protection Acts. 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, shall be subject to the exclusive jurisdiction of Tiruppur District India, under Indian Penal Code only | | | |
| "Send your application pack online to your concerned student advisor. Your student advisor will be able to assist you in completing the application process. Your student advisor will be available in the email you received from the institute help desk. If not, contact info@imh.in or call 091 979 00 88 00 2" | | | |
| Lhoroby apply for the aforesaid source at leatitute of Hallatia Mantal Haalib and assistant that the information and ideal has in our control of the control | | | |
| I hereby apply for the aforesaid course at Institute of Holistic Mental Health and confirm that the information provided here is correct to the best of my knowledge and I agree to the terms & conditions of IHMH as applicable from time to time. | | | |
| Course Name: | Cou | urse No: | Duration: |
| Applicant Signature: | | | |
| Applicant Name: | | Date & Place: | |