



भारतीय विज्ञान शिक्षा एवं अनुसंधान संस्थान-कोलकाता

मोहनपुर-741 246

INDIAN INSTITUTE OF SCIENCE EDUCATION AND RESEARCH KOLKATA

Mohanpur – 741 246

Admission to BS Degree/BS-MS Dual Degree/MS in Space Physics/Integrated PhD/ PhD Programme

DECLARATION FORM FOR MENTAL HEALTH ISSUES OF THE STUDENTS
(to be given by the Students' parents)

Photo

Please tick appropriate boxes

1)	Application No.												
2)	Stream:	<input type="checkbox"/>	KVPY	<input type="checkbox"/>	JEE Advanced	<input type="checkbox"/>	SCB						
3)	Category:	<input type="checkbox"/>	GE	<input type="checkbox"/>	OBC-NCL	<input type="checkbox"/>	SC	<input type="checkbox"/>	ST	<input type="checkbox"/>	EWS	<input type="checkbox"/>	KM
4)	PwD:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No								
5)	Student's Name:						(6) Parent's/Guardian's Name:						
6)	Address for Communication:												
7)	Contact No.						(7) Email ID:						

1) I hereby declare that my son/ daughter has past history of mental health issues and he/she has undergone psychological/psychiatric treatment. I hereby, submit all medical investigation reports related to his/her medical treatment. Please tick:

OR

2) I hereby declare that my son/ daughter does have not any past history of mental health issues and he/she has not undergone any psychological/psychiatric treatment. Please tick:

If 1) is applicable, kindly submit all medical investigation report of the student. (All information will be kept confidential).

Date:

Place:

Signature of the Parents/Guardian