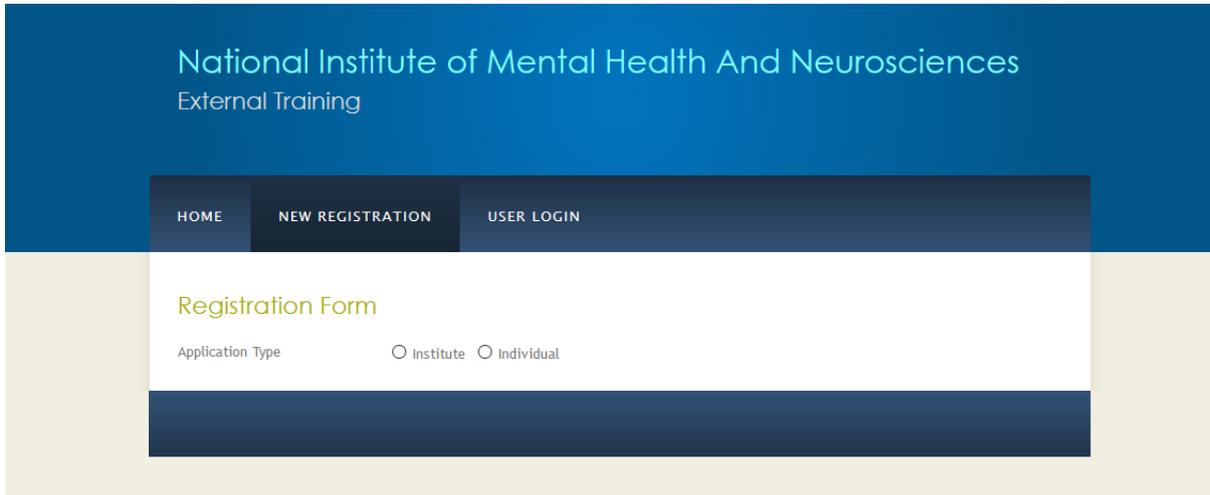


User manual for Training Software

- Visit training.nimhans.ac.in in order to enrol under NIMHANS Training Wing and click on new registration



National Institute of Mental Health And Neurosciences
External Training

HOME NEW REGISTRATION USER LOGIN

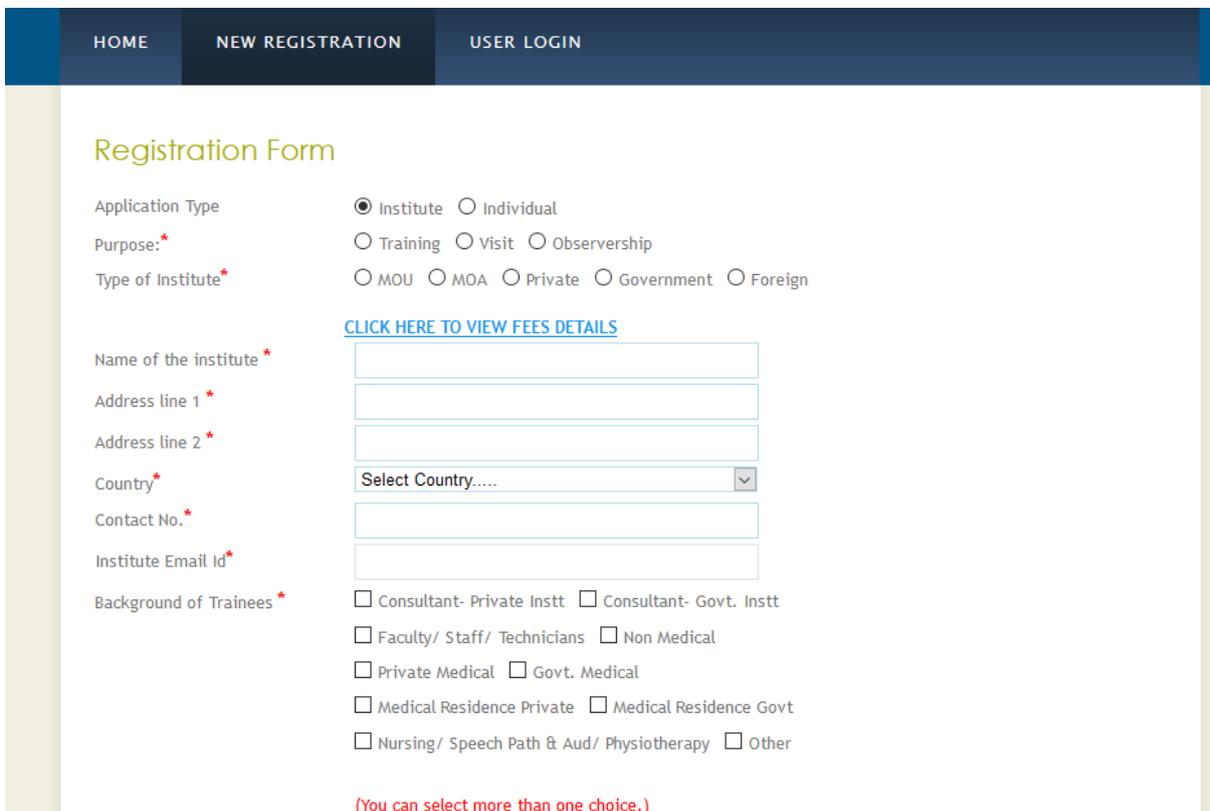
Registration Form

Application Type Institute Individual

- Select Type of application i.e. Institute or Individual

Application Type: Institute

- Fill the details as shown in the image.



HOME NEW REGISTRATION USER LOGIN

Registration Form

Application Type Institute Individual

Purpose:* Training Visit Observership

Type of Institute* MOU MOA Private Government Foreign

[CLICK HERE TO VIEW FEES DETAILS](#)

Name of the institute*

Address line 1*

Address line 2*

Country*

Contact No.*

Institute Email Id*

Background of Trainees* Consultant- Private Instt Consultant- Govt. Instt
 Faculty/ Staff/ Technicians Non Medical
 Private Medical Govt. Medical
 Medical Residence Private Medical Residence Govt
 Nursing/ Speech Path & Aud/ Physiotherapy Other

(You can select more than one choice.)

NATIONAL INSTITUTE OF MENTAL HEALTH AND NEUROSCIENCES
TRAINING SOFTWARE

- In order to know the fee details → [CLICK HERE TO VIEW FEES DETAILS](#)

Fee details for training and Observership
 MOU MOA PRIVATE GOVERNMENT FORIEGN

Fee details for visit
 Visit

- Click on Click here to add trainee details.
- Trainees details can be added, multiple trainees with desired department can be added and also the training request period to be mentioned.

Details			
Department	Training Request from	to	
<input type="text" value="Enter Name"/>	<input type="text" value="SELECT"/>	<input type="text" value="dd-mm-yyyy"/>	<input type="text" value="dd-mm-yyyy"/>
<input type="text" value="Enter Name"/>	<input type="text" value="SELECT"/>	<input type="text" value="dd-mm-yyyy"/>	<input type="text" value="dd-mm-yyyy"/>
<input type="text" value="Enter Name"/>	<input type="text" value="SELECT"/>	<input type="text" value="dd-mm-yyyy"/>	<input type="text" value="dd-mm-yyyy"/>

NATIONAL INSTITUTE OF MENTAL HEALTH AND NEUROSCIENCES
TRAINING SOFTWARE

Application Type: Individual

- Fill the details as shown in the image.

Registration Form

Application Type Institute Individual

Purpose* Training Visit Observation

Name of the candidate*

Address line 1*

Address line 2*

Country*

Contact Number*

Email Id*

Gender* Male Female

Accommodation* Yes No

[CLICK HERE TO VIEW FEES DETAILS](#)

Note:
Hostel accommodation facility is purely subject to availability on the day of joining and relevant charges will be collected.
The training starts from 1st and 16th of every month. Please choose date either 1st or 16th .

- In order to know the fee details → [CLICK HERE TO VIEW FEES DETAILS](#)

Fee details for training and Observership

MOU MOA PRIVATE GOVERNMENT FORIEGN

Fee details for visit

Visit

- Click on Click here to add trainee details.
- Trainees details can be added, and multiple department can be selected for the same individual and also the training request period to be mentioned.

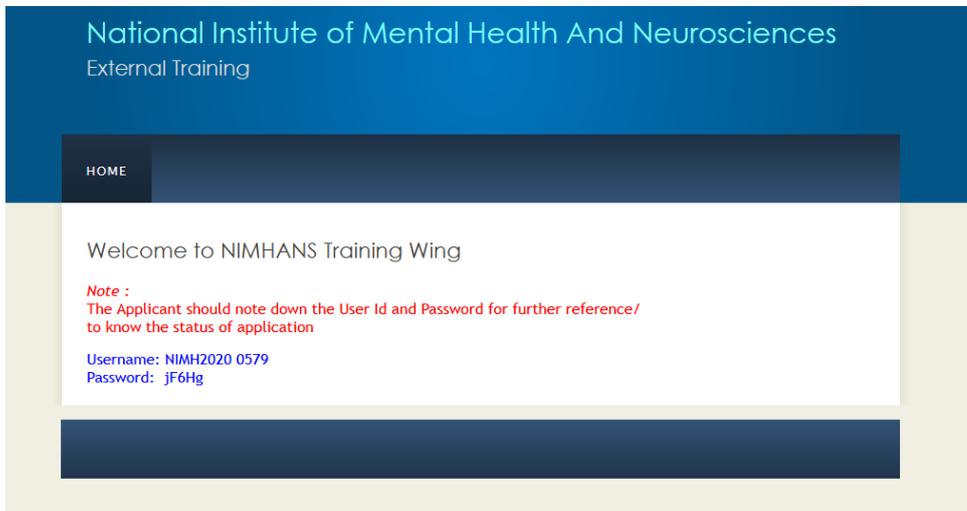
[CLICK HERE TO VIEW FEES DETAILS](#)

Note:
Hostel accommodation facility is purely subject to availability on the day of joining and relevant charges will be collected.
The training starts from 1st and 16th of every month. Please choose date either 1st or 16th .

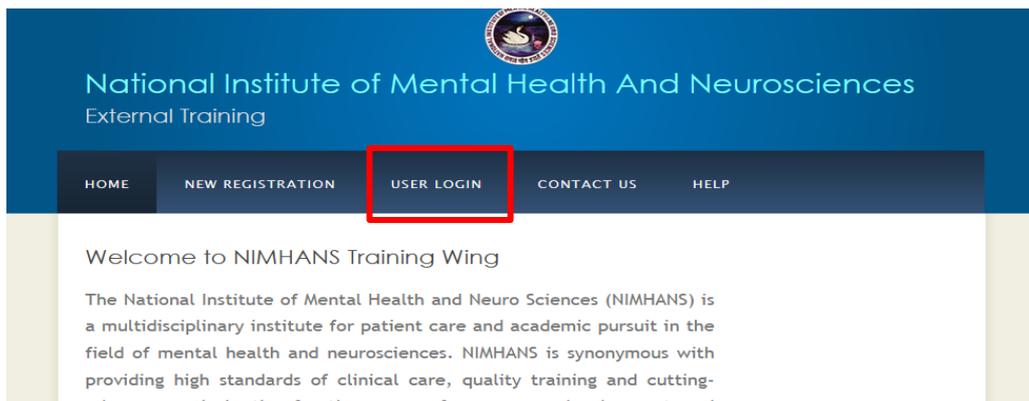
	Details		
Add More details +	Department	Training Request from	to
	<input type="text" value="SELECT"/>	<input type="text" value="dd / mm / yyyy"/>	<input type="text" value="dd / mm / yyyy"/>
	<input type="text" value="SELECT"/>	<input type="text" value="dd / mm / yyyy"/>	<input type="text" value="dd / mm / yyyy"/>
	<input type="text" value="SELECT"/>	<input type="text" value="dd / mm / yyyy"/>	<input type="text" value="dd / mm / yyyy"/>

NATIONAL INSTITUTE OF MENTAL HEALTH AND NEUROSCIENCES
TRAINING SOFTWARE

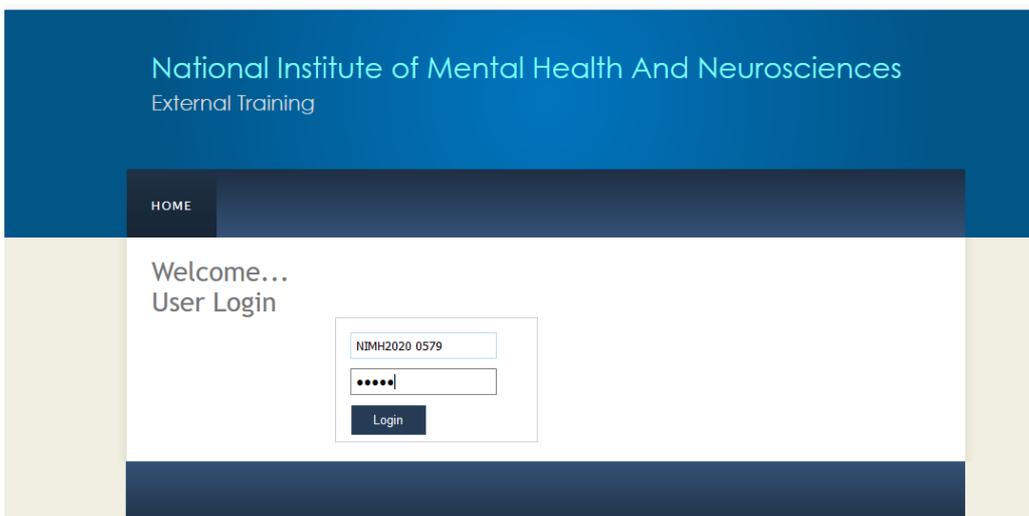
- On submitting the registration form a user id and password will be generated and will be shared to the phone number mentioned in the application:
- Applicant should note down the User Id and password for further reference/to check the status of application.



- To access the application click on user login

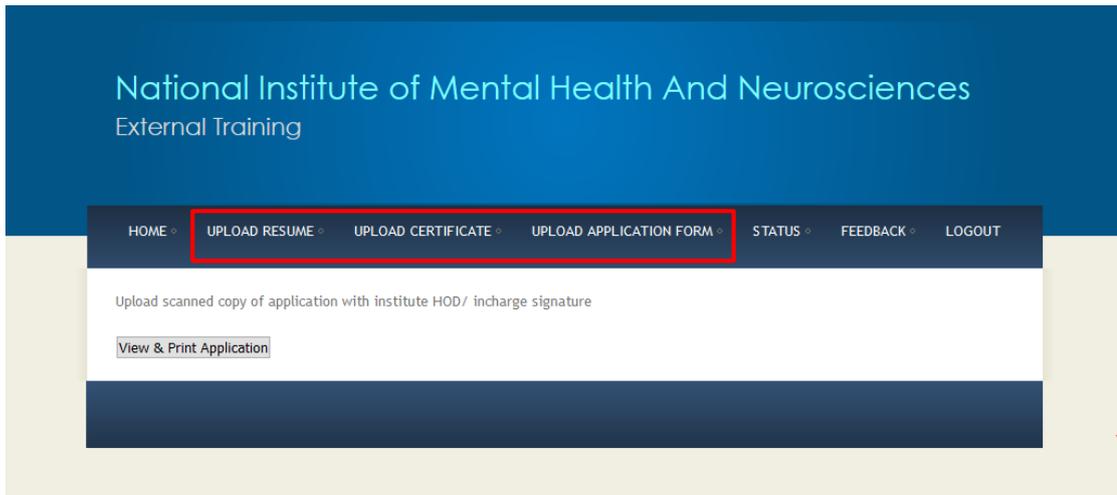


- Login with the credentials that is provided to your phone number

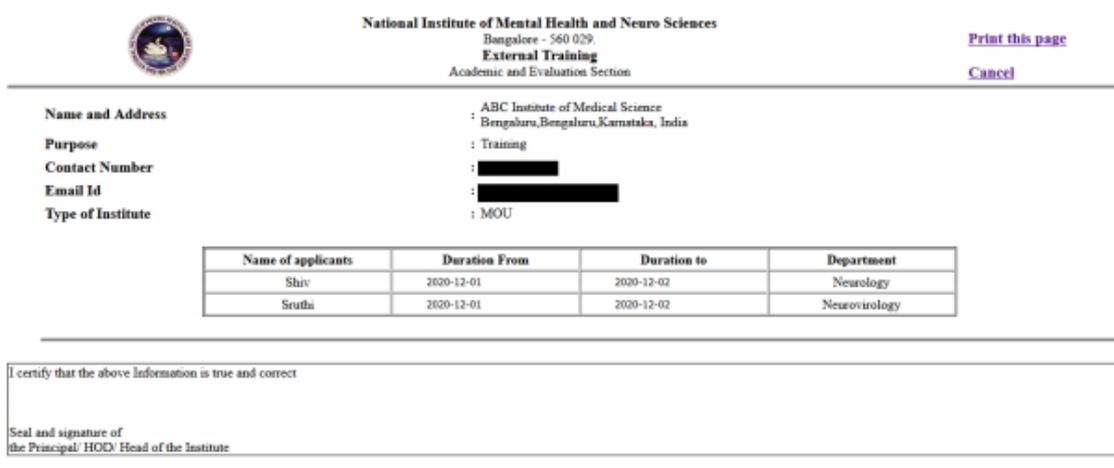


NATIONAL INSTITUTE OF MENTAL HEALTH AND NEUROSCIENCES
TRAINING SOFTWARE

- On logging in applicant can use the following options to upload their application form, resume, and certificate.



- On clicking view and print application following screen appears and the applicant should take a print of the same and get the signature and seal of the Principal/HOD as depicted:



National Institute of Mental Health and Neuro Sciences
Bangalore - 560 029.
External Training
Academic and Evaluation Section

[Print this page](#)
[Cancel](#)

Name and Address : ABC Institute of Medical Science
Bengaluru, Bengaluru, Karnataka, India

Purpose : Training

Contact Number : [REDACTED]

Email Id : [REDACTED]

Type of Institute : MOU

Name of applicants	Duration From	Duration to	Department
Shriv	2020-12-01	2020-12-02	Neurology
Srutha	2020-12-01	2020-12-02	Neurovirology

I certify that the above information is true and correct

Seal and signature of
the Principal/ HOD/ Head of the Institute

- The application duly signed and sealed to be uploaded using option 'UPLOAD APPLICATION FORM'.
- This window can be used to upload applicant's resume and certificates for Individual Applicant
- Note: File size should not exceed 2Mb and the file format to be in .pdf only.



NATIONAL INSTITUTE OF MENTAL HEALTH AND NEUROSCIENCES
TRAINING SOFTWARE

Uploading of Resume and Certificate is restricted for Institute applicants. Only individual applicants should upload the resume and certificate.

HOME

Resume and certificates... This option is restricted for Institute applicants

Upload File Choose File No file chosen

Upload

Note:

- Do not send the hard copy of application to NIMHANS (Paper-less Initiative by NIMHANS)
- Upload the scanned copy in .pdf format only with maximum size of 2Mb.
- The applicant can check the progress of application in the status portal only using their User id and Password
- The minimum period for processing the application may take 15 to 20 days.
- The applications with Incomplete data and false credentials will be rejected

- On successful uploading of the documents such as resume and certificates the applicant can check the status of the application by clicking on the status option.
- Once the application forms are processed the permission letter can be downloaded by clicking on the status option.

National Institute of Mental Health And Neurosciences
External Training

HOME

Dear Applicant,
The status of your application is as below:

Registered	✓
Processed (Training Wing)	✓
Processed (HOD's Office)	✓
Processed (Verifying)	✓
Processed	✓

View and Save the permission letter

Go Green...Save Trees...
Do not waste paper by printing this document
NIMHANS encourages Paper-less Correspondence/ Transactions

NATIONAL INSTITUTE OF MENTAL HEALTH AND NEUROSCIENCES
TRAINING SOFTWARE

- On completion of the training, applicant can share their experience by clicking on the feedback option as depicted below.

HOME

Please add your feedback here

Select Department :

How do you rate the attended training experience : Poor Good Very Good Excellent

Any suggestion on improving the training program:

- Any queries and grievances can be shared by contacting to the below address.

HOME

For any queries related to Training/ Observership/Visit from external institutions...

Contact

NIMHANS
Academic and Evaluation Section
Telephone: 08026995013/08026995015
Email Id: training@nimhans.ac.in
Contact Timings on working days
09:00 AM to 01:00 PM and 2:00 PM to 4:30 PM