

लोकप्रिय गोपीनाथ बरदलै क्षेत्रीय मानसिक स्वास्थ्य संस्थान  
तेजपुर: असम: पिन: ७८४००९

LGB REGIONAL INSTITUTE OF MENTAL HEALTH  
(Govt. of India, Ministry of Health & Family Welfare)  
Post Box No. 15: FAX No. (03712) 233623  
TEZPUR:: 784001 :: ASSAM

No. LGB/Estt/PWD/1804/15/5541

Dated 15<sup>th</sup> Nov'2017

**ADVERTISEMENT**  
**(7<sup>th</sup> Attempt)**

Applications on prescribed format are invited from the citizens of India for filling up the following posts under special recruitment drive for Persons with Disabilities (PWD) category as specified below so as to reach by 15.12.2017.

Sl. No	Identified Posts	No. o Post	Pay Band & Grade Pay	Age Limit
1.	Assistant Professor, Psychiatry	1	Rs.15,600-39,100 + AGP 7,000+ NPA	50 years

(i) **Essential Qualification for Assistant Professor Psychiatry:** A recognized medical qualification included in the First or Second Schedule or Part-II of the Third Schedule (other than licentiate qualifications) to the Indian Medical Council Act, 1956. Holders of educational qualifications included in Part-II of the Third Schedule should also fulfill the conditions stipulated in sub-section (3) of section (13) of the Indian Medical Council Act, 1956. (ii) Post-graduate degree in the concerned specialty mentioned in Schedule-VI or equivalent. Recognized DNB qualification awarded by National Board of Examination.

**Essential Experience for Assistant Professor Psychiatry:** (i) At least **03** years teaching experience in the concerned specialty as Lecturer /Tutor /Registrar/ Demonstrator/Sr. Resident in a recognized institution/college after the requisite Post-graduate degree qualification.

**Note:** Teaching experience in any other post like the post of general Duty Medical Officer/Medical Officer shall not be considered for eligibility purpose for recruitment to teaching posts.

**Note: 1- The above posts are reserved for PWD (Persons with Disabilities) category candidates who suffer not less than 40% of relevant locomotor disability with under mentioned physical requirements / suitability:**

Post	Physical Requirements	Categories of Disabled suitable for jobs
Assistant Professor	S, SE, ST, MF, KC, C,	OL (One Leg)

**ABBREVIATIONS:** S=Sitting, SE=Seeing, ST=Standing, MF=Manipulation by Fingers, KC=Kneeling and Crouching, C=Communication, H=Hearing, W=Walking, RW=Reading and Writing.

**Note: 2 – A person who wants to avail benefit of reservation would have to submit a Disability Certificate issued by a competent authority in format given in Annexure – I**

**GENERAL CONDITIONS**

(1) Candidates who do not fulfill requirement of advertisement need not apply. (2) All Medical Qualifications should be recognized by the MCI. (3) Age will be calculated as on 31.10.2017 (4) Candidates working in State/Central Govt./PSU/Autonomous Body must apply through proper

channel or submit “No objection certificate” (5) Relaxation in upper age limit will be applicable in case of SC/ST for 5 years and OBC candidates 3 years as per the Central Government norms. (6) In case of deputation, vigilance clearance/integrity certificate from the parent department will be required. (7) Appointments in case of direct recruitment will be on probation for 2 (two) years. (8) Incomplete application or applications received after the last date will be summarily rejected. (9) The application in prescribed format is to be accompanied with attested copies of all certificates/one PP size photograph so as to reach to the Administrative Officer, LGBRIMH, Tezpur-784001 latest by 15.12.2017 during working hours. (10) Application Format may be downloaded from [www.lgbrimh.gov.in](http://www.lgbrimh.gov.in). (11) Outstation candidates called for interview will be paid 2<sup>nd</sup> class Railway Fare/Bus Fare on production of Railway/Bus Tickets by the shortest route as per Institute’s rules. No travelling allowance will be admissible to a serving candidate. The reimbursement is subject to the condition that the journey is actually commenced from the place to which call letter has been sent for attending interview. (12) Canvassing in any form will be treated as disqualification.

Director  
LGBRIMH

**LGB REGIONAL INSTITUTE OF MENTAL HEALTH  
(APPLICATION FORM FOR MEDICAL/NON-MEDICAL POSTS)**

**Post Applied For:**

Please affix a recent  
Passport size  
photograph  
with your  
signatures

1. Full Name (in Block letter) \_\_\_\_\_
2. Father's/Husband Name \_\_\_\_\_
3. (a) Date of Birth \_\_\_\_\_  
(b) Age as on 31.10.2017 \_\_\_\_\_
4. Whether belongs to UR/SC/ ST /OBC: \_\_\_\_\_
5. Caste: \_\_\_\_\_
6. Religion: \_\_\_\_\_
7. Advertisement No. LGB/Estt/246/01/Part-III/5541 dated 15.11.2017
8. Demand draft No. \_\_\_\_\_ Dated \_\_\_\_\_ Bank Name \_\_\_\_\_

9. Sex:

Male	Female

10. Address for Communication: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

11. Mobile No. \_\_\_\_\_

12. Email. I.D \_\_\_\_\_

13. Permanent Address: \_\_\_\_\_  
 \_\_\_\_\_

**14. Academic and Professional Qualifications**

Degree/ Diploma	Subjects	Percentage of Marks/Grade/ Div.	Name of Board/ Univ./Institution	Duration of study	Month & Year of Passing

15. MCI/RCI/INC Registration No. (Please attach a copy of certificate) \_\_\_\_\_

16. Publications: (Please attach list of papers published in indexed and non- indexed journals)

17. Prizes, Honours, Awards Distinctions, if any: \_\_\_\_\_

18. Chronological record of employment (Use additional sheets, if necessary)

Name & address of Organization	Post held	Duration		Scale of Pay/ Pay band + GP	Nature of duties Performed
		From	To		

19. Nature of present employment (Please Mark):

Temporary	Permanent
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20. In case the present employment is held on Deputation/ contract basis, please state:

a) The date of initial appointment : \_\_\_\_\_

b) Period of appointment on deputation/contract : \_\_\_\_\_

c) Name of the parent office/ organization to which you belong : \_\_\_\_\_

21. Additional details about present employment. Please Mark:

Central Government	State Government	Autonomous Organization (Central or State Govt.)	Government Undertaking (Central or State Govt.)	Universities	Others

22. Are you in the Revised Scale of pay? If yes, give the date from which the revision took place and also \ indicate the pre- revised scale. \_\_\_\_\_

(a) Total emoluments per month, now drawn: \_\_\_\_\_

23. Additional information, if any, which you would like to mention in support of your suitability for the post.

(This among other things may provide information with regard to (i) additional Academic qualifications (ii) professional training and (iii) work experience over and above prescribed in the vacancy circular / advertisement) (Note: Enclose a separate sheet, if the space is insufficient).

24. Please give the names, designation & address (E-mail, Fax & Phone numbers) of two referees under whom you have worked.

i) \_\_\_\_\_

\_\_\_\_\_

ii) \_\_\_\_\_

\_\_\_\_\_

**DECLARATION**

I have carefully gone through the vacancy circular/advertisement and I am well aware that the bio-data, duly supported by documents submitted by me will also be assessed by the selection committee at the time of selection for the post. I hereby declare that the information given by me in this application is true and correct to the best of my knowledge and belief. I understand that in the event of any of the information being found false or incorrect, my candidature for the examination / interview is liable to be rejected. In the event of any mis-statement/ discrepancy in the particulars being detected at any stage even after my selection, my appointment is liable to be terminated without any notice.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of candidate

**Certificate to be given by the Head of the Office / Deptt. of the Applicant**

(To be filled up only in case of Transfer on Deputation)

1. It is certified that particulars furnished by the official are correct as per service record.
2. It is certified that no disciplinary / vigilance case is pending or contemplated against the applicant and he is clear from the vigilance angle.
3. His integrity is certified.
4. He will be relieved of his duties to take up assignment in the LGBRIMH on his/her selection.
5. Last 5 years ACRs dossier's /attested copies of last 5 years ACRs are forwarded herewith in sealed cover.

Signature /Name /Designation with office seal

NAME &amp; ADDRESS OF THE INSTITUTE / HOSPITAL :

Certificate No.

Date :

## DISABILITY CERTIFICATE

Recent photograph of the candidate showing the disability duly attested by the Chairperson of the Medical Board
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This is certified that Shri/Smt/Kum.....Son/wife/daughter of Shri ..... age..... sex .....identification mark(s) .....is suffering from permanent disability of following category :

1.

A. Locomotor or cerebral palsy :

- |       |  |  |
|-------|--|--|
| (i)   | BL-Both legs affected but not arms                   |  |
| (ii)  | BA-Both arms affected                                | (a) Impaired reach<br>(b) Weakness of grip               |
| (iii) | BLA-Both legs and both arms affected                 |  |
| (iv)  | OL – One leg affected (right or left)                | (a) Impaired reach<br>(b) Weakness of grip<br>(c) Ataxic |
| (v)   | OA – One arm affected                                | (a) Impaired reach<br>(b) Weakness of grip<br>(c) Ataxic |
| (vi)  | BH – Stiff back and hips (can not sit or stoop)      |  |
| (vii) | MW-Muscular weakness and limited physical endurance. |  |

B. Blindness or Low Vision

- (i) B-Blind  
(ii) PB – Partially Blind

C. Hearing impairment :

- (i) D-Deaf  
(ii) PD-Partially Deaf

(Delete the category whichever is not applicable)

2. This condition is progressive/non progressive/likely to improve/not likely to improve. Re-assessment of this case is not recommended / is recommended after a period of .....years.....months\*.

3. Percentage of disability in his/her case is .... percent.

4. Shri/Smt./Kum.....meets the following physical requirements for discharge of his/her duties.

- |        |   |        |
|--------|---|--------|
| (i)    | F-can perform work by manipulating with fingers | Yes/No |
| (ii)   | PP-can perform work by pulling and pushing      | Yes/No |
| (iii)  | L-can perform work by lifting                   | Yes/No |
| (iv)   | KC-can perform work by kneeling and crouching   | Yes/No |
| (v)    | B-can perform work by bending                   | Yes/No |
| (vi)   | S-can perform work by sitting                   | Yes/No |
| (vii)  | ST-can perform work by standing                 | Yes/No |
| (viii) | W-can perform work by walking                   | Yes/No |
| (ix)   | SE-can perform work by seeing                   | Yes/No |
| (x)    | H-can perform work by hearing/speaking          | Yes/No |
| (xi)   | RW-can perform work by reading and writing      | Yes/No |

(Dr.....)

Member  
Medical Board

(Dr.....)

Member  
Medical Board

(Dr.....)

Chairperson  
Medical BoardCountersigned by the Medical  
Superintendent/CMO/Head of Hospital (with seal)

\*strike out whichever is not applicable.