

लोकप्रिय गोपीनाथ बरदलै क्षेत्रीय मानसिक स्वास्थ्य संस्थान

तेजपुर: असम: पिन: ७८४००१

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/246/01/Part-III/ 4404

Dated 16th Oct'2018

ADVERTISEMENT

Applications on prescribed format are invited from the citizens of India for filling up the following posts by direct recruitment basis as specified below so as to reach by 05.11.2018.

Sl. No	Name of Post	Specialty	No. of posts	Pay Band + Grade Pay	Age Limit
1.	Physiotherapist	Rehabilitation Sciences	1	L-6 (35400-112400)	35
2.	Computer Programmer /Engineer	Computer Science	1	L-8 (47600-151100)	35

Essential Qualification For (Sl. No. 1): Bachelor's degree in physiotherapy or any other equivalent qualification from a recognized university/ Institution. **Desirable:** Two years clinical experience with neurological or psychiatric patients in a recognized hospital.

Essential Qualification For (Sl. No. 2): (a) Master's degree in computer applications/Information Technology/Computer Science/ of a recognized University/Institute; Or B.E./B. Tech in Computer Engineering /Computer Science/Computer Technology/Computer Science and Engineering/Information Technology from a recognized University /Institute. (b) Two years experience in Programming/Information System in a Government Office/PSU/Autonomous Body/Statutory Body or in any recognized institution.

GENERAL CONDITIONS

(1) Candidates who do not fulfill requirement of advertisement need not apply (2) Allowances will be as per Central Government rates as adopted by this Institute from time to time. (3) Candidates working in State/Central Govt./PSU/ Autonomous Body must apply through proper channel or submit "No Objection Certificate." (4) Incomplete application or applications received after the last date will summarily be rejected. (5) The posts are temporary but likely to continue. (6) Appointments may be treated on probation for 2 (two) years. (7) The application is to accompany with a Bank Draft of Rs.100/- to be drawn in favour of the Director, LGBRIMH, Tezpur and attested copies of certificate / one PP size photograph so as to reach to the Administrative Officer, LGBRIMH, Tezpur – 784001 latest by 05.11.2018. (8) Application Format may be downloaded from www.lgbrimh.gov.in. (9) Applicants are advised to follow Institute's website from time to time to note down modifications, if any. (10) Reservation criteria as per Central Government Rules as adopted by this Institute will apply. (11) Relaxation in upper age limit will be applicable in case of SC / ST / OBC candidates as per the Central Government norms. Non-Creamy Layer (NCL) Certificate, applicable for OBC candidate, older than a year up to the last date of receipt of application form shall not be valid. (12) Age will be calculated on the last day of receipt of application. (13) Incomplete application or application received after the last date will be summarily rejected. (14) Canvassing in any form will be treated disqualification. (15) Number of vacancy is tentative which may be increased/decreased at the discretion of the appointing authority. The appointing authority, however, reserves the right to fill or not to fill any of the vacancy at his discretion. (16) Mere fulfillment of minimum requirement does not entail a candidate to be called for /shortlisted for interview/written examination.

Director
LGBRIMH

**LGB REGIONAL INSTITUTE OF MENTAL HEALTH
(APPLICATION FORM)**

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 30.09.2018 _____

4. Whether belongs to UR/SC/ ST /OBC: _____

5. Caste: _____

6. Religion: _____

7. Advertisement No. LGB/Estt/246/01/Part-III/4404 dated 16.10.2018

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