

लोकप्रिय गोपीनाथ बरदलै क्षेत्रीय मानसिक स्वास्थ्य संस्थान

तेजपुरः असमः पिनः ₇₈₄₀₀₁ LGB REGIONAL INSTITUTE OF MENTAL HEALTH (An Autonomous body under Ministry of Health and Family Welfare, Govt. of India) Website: www.lgbrimh.gov.in, e - Mail: mail@lgbrimh.gov.in Post Box No. 15:: FAX No. (03712) 233623 TEZPUR:: 784001 :: ASSAM

Please affix a

recent

LGB REGIONAL INSTITUTE OF MENTAL HEALTH

Passport size Note: photograph TO AVOID ANY MIS-REPRESENTATION OR INTERPRETATION 1. with your OF FACTS, THE APPLICATION MUST BE SENT DULY 'TYPED ' signatures IN TIMES NEW ROMAN FONT, SIZE 11 PREFERABLY, SUPPORT WITH ATTESTED COPIES OF TESTIMONIALS. 2. Candidate to be submitted (POST APPLIED FOR) at LGBRIMH, Tezpur 1. Full Name (in Block letter) 2. Father's/Husband Name 3. (a) Date of Birth (b) Age as on last date of receipt of application _____ 4. Whether belongs to SC/ ST /OBC/EWS: 5. Caste: _____ 6. Religion: 7. Advertisement No. (File No. LGB/Estt/..... dated) 8. Demand draft No._____ Dated_____Bank Name_____ 9. Sex: Female Male 10. Address for Communication:

11. Mobile No. _____

12. Email. I.D_____

- 13. Permanent Address: _____
- 14. (a)RCI/INC/MCI Registration No. (Please attach a copy of certificate) _____ (if applicable)

(b) State in which registered_____

15. Academic and Professional Qualifications (Please attach attested copies of certificates/degrees in support of your qualifications)

Examination passed	Subjects	Percentage of Marks/Grade/ Div.	No. of attempts	Name of Board/ Univ./Institution	Duration of study	Month & Year of Passing

16. Teaching/Research Experience: (Please attach attested copies of experience certificates)

S1.	Post held (indicate	Period	Total Period	Pay	Employer's
No	temporary/Permanent)			scale	address
		From To	Years months days		

Total				

17. Prizes, Medals, scholarships etc. awarded (mention only those related to the profession of the award)

No.	Description

18. Membership of Professional Societies/Bodies /Associations etc. status whether fellow, member or associate etc. name of the society, body or association etc. and date of enrolment.

No.	Status	Name	Date of membership

- 19. Research Experience, if any, together with details of published works in indexed journals.
 - (a) Number of papers

Pubmed	Non-pubmed

(b) Please provide a list of all your scientific publications in chronological order providing details of articles including whether original article/review/case report, indexed/non-indexed, impact factor and number of citations for the articles (Best five to be written here and the rest to be attached as Annexure in the given format)

Sl.No	Particulars of Article in Vancouver style	Impact factor	Citations
1.			
2.			
3.			

4.		
5.		

- 20. Chapter in books/books edited._____
- 21. (a) Present employment/post held_____
 - (b) Pay Scale _____
 - (c) Total emoluments drawn_____
 - (d) Complete Address of present employer _____
- 22. Have you been outside India for Academic purpose? If so, give following information:

Country visited	Date of visit		Duration of visit			Purpose of visit
	From	То	Years	Months	Days	

23. State the languages you know:

Sl.No	Language/Foreign	Can read	Can write	Can speak
	Language			
1.				
2.				
2.				
3.				

24. 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).

25. 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.

Place:_____

Date:_____

Signature of candidate