

लोकप्रिय गोपीनाथ वरदलै 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-IV/4855

Dated 1<sup>st</sup> Oct'2019

**ADVERTISEMENT No.03/2019**

Applications on prescribed format are invited from the citizens of India for filling up the following posts by direct recruitment /deputation/re-employment basis as specified below so as to reach by **31.10.2019**.

**A – Medical Post**

Sl. No	Name of Post	Specialty	No. of posts	Pay Band + Grade Pay	Age Limit	Reservation
1.	Assistant Professor	Psychiatry	4*	L-11	45	UR-1 OBC-2 SC - 1
2.	Assistant Professor	Radiology	2**	L-11	45	ST - 1 UR - 1
3.	Assistant Professor	Neurosurgery	1	L-11	45	UR - 1
4.	Assistant Professor	Neurology	2	L-11	45	OBC - 1 SC - 1
5.	Assistant Professor	Biochemistry/- Neurochemistry	1	L-11	45	SC-1

\*1(One) post is identified for the Child Psychiatry.

\*\*1(One) post is reserved for PWD

**Essential Qualification and Experience for Medical Posts:**

**Essential Qualification For (Sl. No. 1 to 5):** (i) A recognized MBBS degree 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(102 of 1956). Holders of educational qualifications included in Part-II of the Third Schedule should also fulfill the conditions specified in sub-section (3) of section 13 of the Indian Medical Council Act 1956(102 of 1956). (ii) Post-graduate degree in the concerned speciality or Super speciality mentioned in Section - A Schedule-VI or equivalent recognized DNB qualification awarded by National Board of Examination.

**Essential Experience for Assistant Professor:** (i) At least **03** years teaching experience in the concerned speciality as Lecturer/Tutor/Registrar/Demonstrator/Senior Resident after the requisite post graduate degree qualification.

**Note 1:** In the case of holders of Doctorate of Medicine (D.M) or Master of Chirurgiae (M.Ch) qualification of five years' duration, the period of Senior Post Graduate residency rendered in the last part of the said of Doctorate of Medicine (D.M) or Master of Chirurgiae (M.Ch.) shall be counted towards requirement of teaching experience.

**Note 2:** 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 3:** 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

**Note: 4 – 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**

#### B- Non-Medical Post

Sl. No.	Name of Post	Specialty	No. of posts	Pay Band + Grade Pay	Age Limit	Reservation
1.	Assistant Professor	PSW	1	L-11	45	SC -1
2.	Assistant Professor	Psychiatric Nursing	2	L-11	45	UR -1 OBC -1

#### Essential Qualification and experience for non-medical posts:

**Essential Qualification for Assistant Professor (Sl.No.1, & 2):** i) First or Second Class (55%) Master's Degree in Social Work / Nursing (ii) M. Phil. in Psychiatric Social Work/Nursing(Psychiatric Nursing). (iii) Ph. D /D.Sc. in Social Work / Psychiatric Nursing from a recognized Institution/ University. **Desirable:** 2 research publications in indexed journals as first/corresponding author.

**Essential Experience:** 3 years teaching /clinical /research experience in the concerned subject after Ph.D degree.

#### GENERAL CONDITIONS

(1) Candidates who do not fulfill requirement of advertisement need not apply. (2) All Medical Qualifications should be recognized under MCI. (3) All applicants for Non-Medical posts should have at least 55% marks in aggregate in Master's degree besides other qualification. (4) Allowances will be as per Central Government rates as adopted by this Institute from time to time and NPA will be admissible in case of Medical Posts only. (5) Persons with Disabilities are required to produce the physically handicapped certificate (with degree of disability) in original issued by the Competent Authority (i.e. Medical Board duly constituted by the Central Govt. or State Govt.) at the time of interview. (6) Candidates working in State/Central Govt. / PSU/Autonomous Body must apply through proper channel or submit "No objection certificate" (7) 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. (8) Appointments in case of direct recruitment will be on probation for 2 (two) years (9) Incomplete application or applications received after the last date will be summarily rejected. (10) The application in prescribed format is to be accompanied with a Bank Draft of Rs. 100/- to be drawn in favour of the Director, LGBRIMH, Tezpur and attested copies of all certificates/one PP size photograph so as to reach to the Administrative Officer, LGBRIMH, Tezpur-784001 latest by **31.10.2019** within working hours. Application received after last date will summarily be rejected. (11) Application Format may be downloaded from [www.lgbrimh.gov.in](http://www.lgbrimh.gov.in). (12) Applicants are advised to follow Institute's website from time to time to note down modifications, if any. (13) Number of vacancy is tentative which may be increased/decreased after assessment/adjustment of vacancies. The appointing authority however reserves the right to fill or not to fill any of the vacancy at his discretion. (14) Mere fulfillment of minimum requirement does not entail a candidate to be called for /shortlisted for interview/written examination.(15) Canvassing in any form will be treated as disqualification.

**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 **30.09.2019** \_\_\_\_\_

4. Whether belongs to SC/ ST /OBC: \_\_\_\_\_

5. Caste: \_\_\_\_\_

6. Religion: \_\_\_\_\_

7. **Advertisement No. LGB/Estt/246/01/Part –IV/4855 dated 01.10.2019**

8. Demand draft No. \_\_\_\_\_ Dated \_\_\_\_\_ Bank Name \_\_\_\_\_

9. Sex:

Male	Female
<input type="checkbox"/>	<input type="checkbox"/>

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

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

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 |
|   | (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 is 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 Board

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

\*strike out whichever is not applicable