

**LGB REGIONAL INSTITUTE OF MENTAL HEALTH**  
**(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 30.09.2013 \_\_\_\_\_

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

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

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

7. Advertisement No. \_\_\_\_\_

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	Government Undertaking	Universities	Others
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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 biodata, 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

### **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