

**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 20.12.2021 \_\_\_\_\_
4. Whether belongs to SC/ ST /OBC/EWS: \_\_\_\_\_
5. Caste: \_\_\_\_\_
6. Religion: \_\_\_\_\_
7. Advertisement No. 07/2021 (File No. LGB/Estt/246/01/Part-IV/4666 dated 17.11.2021)
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

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.

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/she is clear from the vigilance angle.
3. His/Her integrity is certified.
4. He/She will be relieved of his/her duties to take up assignment in the LGBRIMH on his/her selection.
5. Attested copies of last 5 years ACRs/dossiers are forwarded herewith in sealed cover.

Signature /Name /Designation with office seal

**INCOME & ASSETS CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS**

Certificate No. \_\_\_\_\_

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

**VALID FOR THE YEAR** \_\_\_\_\_

This is to certify that Shri/Smt./Kumari \_\_\_\_\_ son/daughter/wife of \_\_\_\_\_ permanent resident of \_\_\_\_\_ Village/Street \_\_\_\_\_ Post Office \_\_\_\_\_ District \_\_\_\_\_ in the State/Union Territory \_\_\_\_\_ Pin Code \_\_\_\_\_ whose photograph is attested below belongs to Economically Weaker Sections, since the gross annual income\* of his/her "family"\*\*\* is below Rs. 8 lakh (Rupees Eight Lakh only) for the financial year \_\_\_\_\_. His/her family does not own or possess any of the following assets\*\*\* :

- I. 5 acres of agricultural land and above;
- II. Residential flat of 1000 sq. ft. and above;
- III. Residential plot of 100 sq. yards and above in notified municipalities;
- IV. Residential plot of 200 sq. yards and above in areas other than the notified municipalities.

2. Shri/Smt./Kumari \_\_\_\_\_ belongs to the \_\_\_\_\_ caste which is not recognized as a Scheduled Caste, Scheduled Tribe and Other Backward Classes (Central List)

Signature with seal of Office \_\_\_\_\_

Name \_\_\_\_\_

Designation \_\_\_\_\_

Recent Passport size  
attested photograph of  
the applicant

\*Note 1: Income covered all sources i.e. salary, agriculture, business, profession, etc.

\*\*Note 2: The term "Family" for this purpose include the person, who seeks benefit of reservation, his/her parents and siblings below the age of 18 years as also his/her spouse and children below the age of 18 years

\*\*\*Note 3: The property held by a "Family" in different locations or different places/cities have been clubbed while applying the land or property holding test to determine EWS status.



Candidates already employed in Central/State Govt./Autonomous Institution/Statutory Organizations /PSUs under Central/State Govt. should get the following endorsement signed by their present employer (appointing authority)

**NO OBJECTION CERTIFICATE**

1. Certified that Dr./Shri/Smti/Kumari.....holds a post of .....for a period.....to.....on regular basis in this Department/office/Institution/Organization. I have no objection to his /her application being considered for the post of .....in the Department of .....in LGBRIMH, Tezpur. In the event of his/her selection to the post he/she will be relieved from the duty to take up the post of .....in LGBRIMH, Tezpur.

No. : ..... Signature.....

Dated: ..... Designation.....

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. .... age ..... sex ..... identification mark(s) ..... Son/wife/daughter of Shri ..... is suffering from permanent disability of following category

1.

## A. Locomotor or cerebral palsy :

- |   |                      |
|---|----------------------|
| (i) BL-Both legs affected but not arms                    | (a) Impaired reach   |
| (ii) BA-Both arms affected                                | (b) Weakness of grip |
| (iii) BLA-Both legs and both arms affected                | (a) Impaired reach   |
| (iv) OL - One leg affected (right or left)                | (b) Weakness of grip |
|   | (c) Ataxic           |
| (v) OA - One arm affected                                 | (a) Impaired reach   |
|   | (b) Weakness of grip |
|   | (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

OBC-NCL Certificate Format

FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES (NCL) APPLYING FOR  
ADMISSION TO CENTRAL EDUCATIONAL INSTITUTIONS (CEIs), UNDER THE GOVERNMENT OF  
INDIA

This is to certify that Shri/Smt./Kum\* \_\_\_\_\_ Son/  
Daughter\* of Shri/Smt.\* \_\_\_\_\_ of Village/  
Town\* \_\_\_\_\_ District/Division\* \_\_\_\_\_  
in the State/Union Territory \_\_\_\_\_ belongs to the  
\_\_\_\_\_ community that is recognized as a backward  
class under Government of India\*\*, Ministry of Social Justice and Empowerment's  
Resolution No. \_\_\_\_\_ dated \_\_\_\_\_ \*\*\*

Shri/Smt./Kum. \_\_\_\_\_ and/or \_\_\_\_\_  
his/her family ordinarily reside(s) in the \_\_\_\_\_  
District/Division of the \_\_\_\_\_ State/Union Territory. This is  
also to certify that he/she does NOT belong to the persons/sections (Creamy Layer)  
mentioned in Column 3 of the Schedule to the Government of India, Department of  
Personnel & Training O.M. No. 36012/22/93- Estt. (SCT) dated 08/09/93 which is  
modified vide OM No. 36033/3/2004 Estt.(Res.) dated 09/03/2004, further modified  
vide OM No. 36033/3/2004-Estt. (Res.) dated 14/10/2008, again further modified vide OM  
No.36036/2/2013-Estt (Res) dtd. 30/05/2014.

District Magistrate /  
Deputy Commissioner /  
Any other Competent Authority

Dated:

Seal

\* Please delete the word(s) which are not applicable.

\*\* As listed in the Annexure (for FORM-OBC-NCL)

\*\*\* The authority issuing the certificate needs to mention the details of Resolution of Government of India, in which the caste of the candidate is mentioned as OBC.

**NOTE:**

- (a) The term 'Ordinarily resides' used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.
- (b) The authorities competent to issue Caste Certificates are indicated below:
  - (i) District Magistrate/ Additional Magistrate/ Collector/ Deputy Commissioner/ Additional Deputy Commissioner/ Deputy Collector/ 1st Class Stipendiary Magistrate/ Sub-Divisional magistrate/ Taluka Magistrate/ Executive Magistrate/ Extra Assistant Commissioner (not below the rank of 1st Class Stipendiary Magistrate).
  - (ii) Chief Presidency Magistrate / Additional Chief Presidency Magistrate / Presidency Magistrate.
  - (iii) Revenue Officer not below the rank of Tehsildar' and
  - (iv) Sub-Divisional Officer of the area where the candidate and/or his family resides