



TEZPUR UNIVERSITY

(A Central University)
Tezpur – 784 028 (ASSAM)

ADVERTISEMENT NO.17 /2026

Clinical Psychologist (on Contractual Basis)

Applications are invited from eligible candidates for **One (01) Clinical Psychologist Position** at **Tezpur University, on Contractual Basis**. Details of the post, other terms and conditions may be seen below. Interested candidates with bio-data, filled in **Annexure I** and testimonials may apply in the proper format as per the detailed advertisement given below. The last date of submission of filled in application by email is **10.08.2026**.

Registrar i/c 27/7/26

Memo No.F.01-03/XVIII(E)/17_2026/1535

Date: 27.07.2026

Copy to:

1. Dean, Students' Welfare, Tezpur University.
2. Finance Officer i/c, Tezpur University, for information.
3. Senior Medical officer, Tezpur University.
4. Public Relations Officer, Tezpur University with a request for giving wide publicity in the social media platforms of the university.
5. **Webmaster, Tezpur University**, with a request to float the advertisement in the University Website.
6. Assistant Registrar, Office of the Vice-Chancellor, Tezpur University, for kind information of the Pro Vice Chancellor.
7. Advertisement Guard File.

Registrar-i/c 27/7/26
Tezpur University

Detailed Version



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DETAILS OF MINIMUM QUALIFICATIONS AND OTHER REQUIREMENTS

Position	No. of Post	Minimum educational qualifications/experiences/age etc.	Pay/Emoluments	Age (Maximum)
Clinical Psychologist	01	M.Phil. Degree in Clinical Psychology, having valid RCI registration with One (01) year experience.	Rs. 60,000.00 per month (fixed).	40 (Forty) years

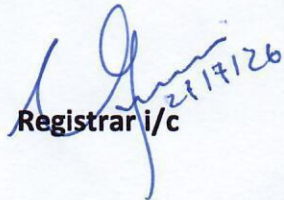
NOTE (1): Appointment to the post above will be purely on contract basis and the engagement will not provide any right to claim for future absorption in the University in any capacity. Further, the University reserves the right to fill the post or otherwise.

NOTE (2): The University reserves the right to shortlist candidates for the selection process in the event of a large number of applications being received. The shortlisting criteria shall be decided by the university and shall be final and binding.

NOTE (3): i) The filled in application (as per Annexure-I) along with self-certified photocopies of all supporting documents and recent passport size photograph pasted on the right top corner of the Annexure-I must be emailed to (turecruit@tezu.ernet.in) on or before the last date as stated above with the subject line "Application against Advt. No.17 /2026 for the post of Clinical Psychologist)".

ii) The engagement will be contractual for a period of eleven (11) months with the provision for renewal subject to satisfactory performance.

iii) Leave will be admissible as per University rules for similar appointments.


Registrar i/c



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Annexure-I

PART-A (Brief Particulars of Applicant)

Photograph

- (a) Advertisement No. and Date:
(b) Post applied for:
(c) Post Sl. No. as per the Advertisement:

- Name in full (in CAPITAL letters):
(Please **underline the surname**)
- Father's/Mother's/Spouse's Name:

- (a) Marital Status: (b) Gender: (c) Blood Group:

- (a) Correspondence address (in CAPITAL letters): (b) Permanent address (in CAPITAL letters):

(c) Phone No.	Land line (with STD):	(d) e-mail:	
	Mobile :		

- Date of Birth (as per Christian era):

Day		Month		Year			

- Place of Birth (**including District and State**)

- Age on the last date of receipt of application as stated in the advertisement:

Years		Month(s)		Day(s)	

- Are you a citizen of India? Write YES or NO

--

- (a) Do you belong to Scheduled Caste / Scheduled Tribes / Other Backward Classes / Persons with Disability / Serviceman?

Write SC/ST/OBC/PWD/Ex-serviceman as the case may be:

SC	ST	OBC	PWD	Ex-Serviceman

- (b) If none, write NONE in the box:

(c) If you belong to PWD (Persons with Disability), then state the nature of disability as OH (Orthopedically Handicapped), VH (Visually Handicapped) or HH (Hearing handicapped):

OH	VH	HH

- Religion:

- *If appointed, what notice / how much time would you require for joining the post?

(* May not be considered as binding)

I hereby declare that I have carefully read and understood the instructions and particulars supplied to me and that all the statements made in this application are true and complete to the best of my knowledge and belief. I understand that the competent authority can take appropriate action against me in case any of the information is found to be incorrect at any stage.

Date:
Place:

Signature of the applicant
Name in full:



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PART-B

1. Educational Qualification:

Sl. No.	Examinations Passed	Year of the examination	Class / Division / Distinction	% of Marks obtained	Subject(s) (mention field of specialisation / major, if any)	Name of the Board / University / Institution
1.	10 th Standard / H.S.L.C. / Matriculation					
2.	10+2 Standard (PU / PD / Intermediate)					
3.	Diploma, if applicable (Specify)					
4.	Bachelors' Degree (Specify)					
5.	Master's Degree (Specify)					
6.						
7.						

2. Other qualifications, if any (including degree / diploma in music / dance / theatrical etc.):

Sl. No.	Degree / Diploma	Year of the examination	Division / Class	% of marks	Name of the Board / University / Institution
1.					
2.					

3. Details of past employment, if any:

Sl. No.	Organisation / Institution	Position held	Nature of duties / work	Date of joining	Date of leaving	Length of service	Pay scale	Additional remarks about experience, if any
1.								
2.								
3.								
4.								



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4. Present Occupation (if any):

- (i) Designation :
(ii) Date of joining :
(iii) Name of the Office/Institution :
/Organisation with full address
(iv) Scale of pay :
(v) Present basic pay :
(vi) Total emoluments drawn :
(vii) Nature of duties :

5. Training programme(s) attended (if any):

Sl. No.	Name of the programme	Organized by	Duration	Period	
				From	To

6. References: Please name two referees who are not related to you. If you are employed, one referee must be your employer.

- (i) Name :
Designation :
Address :
e-mail :
Mobile/Phone No. with STD code :
(ii) Name :
Designation :
Address :
e-mail :
Mobile/Phone No. with STD code :

7 (a) Details of enclosures sent with this application form:

- i) ii)
iii) iv)
v) vi)
vii) viii)
ix) x)

7 (b) List of publications, if any, may be attached as Annexure.

8. Declaration:

I hereby declare that I have carefully read and understood the advertisement, instructions and particulars supplied to me and that all the statements made in this application are true and complete to the best of my knowledge and belief. I understand that the competent authority can take appropriate action against me in case any of the information is found to be incorrect at any stage.

Date:

Full signature of the applicant

Place:

Name in full: