LOKOPRIYA GOPINATH BORDOLOI REGIONAL INSTITUTE OF MENTAL HEALTH

TEZPUR, ASSAM – 784001

APPLICATION FOR ISSUE OF COMPLETION / TRAINING CERTIFICATE

(Internship / Observership / Exposure Posting / Training / Elective / Field Posting / Other)

Application No.		**Date of Receipt**	
Diary No.		**Date**	

A. TYPE OF PROGRAMME / CERTIFICATE SOUGHT

1. Type of programme (tick one)	☐ Internship ☐ Observership ☐ Exposure Posting ☐ Training ☐ Elective ☐ Field Posting ☐ Other: _____
2. Exact name/title of programme	
3. Certificate required for	☐ Completion ☐ Participation ☐ Attendance ☐ Experience/Exposure ☐ Other: _____

B. STUDENT / TRAINEE CREDENTIALS

1. Full name (as to appear in certificate)	
2. Father's / Mother's / Guardian's name	
3. Date of birth	
4. Gender (optional)	
5. Present postal address	
6. Mobile number	
7. E-mail address	
8. Government photo ID type and last four digits	
9. Registration / enrolment / roll number at parent institution	
10. Course / programme presently pursuing	
11. Academic year / semester / batch	

C. DETAILS OF PARENT INSTITUTION

1. Name of parent institution / university / organisation	
2. Full address	
3. Department / faculty / school	
4. Name and designation of Head / Nodal Officer	
5. Official e-mail and contact number	

6. Recognition / affiliation details, if applicable	

D. PERMISSION / APPROVAL DETAILS

Sl. No.	Permission / Approval	Letter No.	Date	Enclosed
1	Parent institution permission / forwarding letter			☐ Yes ☐ No
2	LGBRIMH permission / acceptance / office order			☐ Yes ☐ No
3	Any extension / modification approval			☐ Yes ☐ No

E. TRAINING / POSTING DETAILS AT LGBRIMH

1. Department / Section / Unit under which training was completed	
2. Name and designation of HOD / In-charge / Supervisor	
3. Approved period: From _____ To _____	
4. Actual period attended: From _____ To _____	
5. Total approved duration (days/weeks/months)	
6. Nature of exposure / duties / learning activities	
7. Rotational departments / units, if any	
8. Logbook / report / assignment submitted (details)	
9. Leave / absence, if any (dates and reasons)	
10. Whether any extension was granted; if yes, details	

F. ATTENDANCE, PERFORMANCE AND CONDUCT ASSESSMENT

Assessment Item	Details / Rating	Remarks	Verified by
Attendance			
Punctuality and regularity			
Participation / interest			
Knowledge / skills / learning			
Professional behaviour			
Interaction with patients / staff, where applicable			
Compliance with institutional rules and confidentiality			

Overall performance			

Attendance summary: Total working/training days _____ | Days present _____ | Days absent _____ | Attendance _____ %

Any conduct / disciplinary / confidentiality / safety issue during the training period: ☐ No ☐ Yes (give details below)

_____

_____

G. CERTIFICATION BY CONCERNED HOD / IN-CHARGE / SUPERVISOR

Certified that Mr./Ms./Dr. _____ completed the above-mentioned programme/posting in this Department/Section/Unit for the period from _____ to _____. Based on attendance, participation, performance and conduct records, the programme was completed: ☐ Satisfactorily ☐ Satisfactorily with remarks ☐ Not satisfactorily ☐ Completion cannot be certified.

Specific comments / competencies gained / limitations / pending requirements, if any:

_____

_____

_____

H. FEE DETAILS

1. Prescribed certificate / training fee payable (₹)	
2. Amount paid (₹)	
3. Receipt number	
4. Receipt date	
5. Copy of receipt enclosed	
6. Fee exemption / waiver approval, if applicable (letter no. and date)	

I. ENCLOSURES CHECKLIST

Sl. No.	Document	Enclosed	Office Verification
1	Application signed by student/trainee	☐ Yes ☐ No ☐ N/A	
2	Copy of valid photo identity document	☐ Yes ☐ No ☐ N/A	
3	Parent institution permission / forwarding letter	☐ Yes ☐ No ☐ N/A	
4	LGBRIMH permission / acceptance / office order	☐ Yes ☐ No ☐ N/A	
5	Extension / modification approval, if any	☐ Yes ☐ No ☐ N/A	
6	Fee receipt / proof of payment	☐ Yes ☐ No ☐ N/A	
7	Attendance record duly verified	☐ Yes ☐ No ☐ N/A	
8	Logbook / completion report / assignment, where prescribed	☐ Yes ☐ No ☐ N/A	
9	No-dues certificate, where applicable	☐ Yes ☐ No ☐ N/A	
10	Any other supporting document: _____	☐ Yes ☐ No ☐ N/A	

J. DECLARATION BY STUDENT / TRAINEE

I declare that the information furnished above is true and complete. I have complied with the applicable rules of LGBRIMH, maintained confidentiality, returned institutional property/documents, and cleared all dues, wherever applicable. I understand that incorrect information or suppression of material facts may result in withholding/cancellation of the certificate and other action as per rules.

Place: _____ Signature of Student / Trainee: _____

Date: _____ Name: _____

Mobile: _____

K. DEPARTMENT / SECTION VERIFICATION AND RECOMMENDATION

1. Records checked and found complete	☐ Yes ☐ No
2. Attendance verified from	
3. Fee receipt verified	☐ Yes ☐ No ☐ N/A
4. No-dues / return of property verified, where applicable	☐ Yes ☐ No ☐ N/A
5. Any discrepancy / pending document	
6. Miscellaneous comments, if any	
7. Recommendation	☐ Certificate may be issued ☐ May be issued after compliance ☐ Not recommended

Signature of Dealing Assistant / Departmental Official: _____
Name & Designation: _____ **Date:** _____

Signature of HOD / In-charge / Supervisor: _____
Name, Designation & Seal: _____ **Date:** _____

L. CERTIFICATE ISSUING SECTION – FOR OFFICE USE ONLY

1. Application scrutinised	☐ Complete ☐ Deficient
2. Deficiency communicated on	
3. Compliance received on	
4. Certificate approved by competent authority	Name/Designation: _____ Date: _____
5. Certificate number and date	
6. Mode of delivery	☐ Collected in person ☐ E-mail ☐ Post/Courier
7. Dispatch / acknowledgement details	
8. Remarks	

Signature of Authorised Official
Name, Designation & Seal

Important notes:

1. The application should ordinarily be submitted only after completion of the approved programme and fulfilment of all prescribed requirements.

2. The name and programme details will be reproduced in the certificate exactly as recorded and verified in this application.
3. Submission of the application does not by itself confer a right to receive a certificate; issuance is subject to verification and approval by the competent authority.
4. Separate applications may be required for separate departments, postings or training periods.