

Application Form

Application Form for the Post of Director on Deputation Basis in Lokopriya
Gopinath Bordoloi Regional Institute of Mental Health (LGBRIMH)

Advertisement No.: LGBRIMH/ 2026/Director/03/3703

1. Personal Details

- Full Name:

- Father's/Husband's Name:

- Date of Birth (DD/MM/YYYY):

- Age as on last date of application:Years.....
Months..... Days

- Gender: Male/Female /Other

- Nationality:

- Category (if applicable): SC/ST/OBC/EWS/PwBD/General

- Marital Status: Married / Unmarried / Other

2. Contact Details

- Permanent Address:
City: State: PIN:

- Correspondence Address:
City: State: PIN:

- Mobile Number:

- Email ID:

3. Current Employment Details

•Name of Current Employer:

•Current Designation:

•Pay Level (as per 7th CPC):

•Nature of Appointment: Regular / Contract / Deputation

•Date of Appointment to Current Post:

•Address of Current Employer:

•Parent Organization: Central/State Autonomous
 Organization/Research Institution/University Other
 (Specify:.....)

4. Educational Qualifications

S.No.	Qualification	Institution/University	Year of Passing	Percentage/CGPA	Subjects/Specialization

•High PG Qualification in Medicine/Surgery/Public Health: Yes / No

If Yes, specify:.....

5. Professional Experience

S.No.	Name of Organisation	Designation	Pay Level/Scale	Period (From -To)	Nature of Duties

•**Experience in Mental Health (Teaching and/ or Research):**.....Years (Min 10 years required)

•**Total Professional Experience:**.....Years (Min. 25 years required)

•**Experience in Medical Relief, Medical Education, or Public Health organization**.....

•**Experience in running an important scientific educational institute either as Head or Head of the Department**.....

6. Eligibility for Deputation

•**Holding analogous:** Yes /No

If yes, provide details:

OR 3 years' regular service in Pay Level 14: Yes /No

If yes, provide details:

Fulfills educational and experience criteria as per RR: Yes / No

7. Additional Information

•**Training/Courses in Mental Health or Administration:**.....

•**Publications in Mental Health:**.....

•**Awards/Recognitions:**.....

8. Vigilance Clearance and NOC

•Vigilance Clearance Certificate: Attached.....(Yes/No)

•No Objection Certificate (NOC): Attached(Yes/No)

9. Declaration

1, [Full Name], declare that all information provided is true and correct. I fulfill the eligibility criteria as per the advertisement and Recruitment Rules for the post of Director at LGBRIMH.

Place:.....

Date:.....

Signature:.....

Checklist of Documents:

1. Self-attested copies of educational qualifications

2. Attested copies of APAR/ACRs for the last 5(five) years duly attested on each page by an officer not below the rank of Under Secretary to the Government of India.

3. Experience certificates

4. Vigilance Clearance Certificate

5. No Objection Certificate (NOC)

6. Passport-size photograph

7. Pay slip/service certificate showing Pay Level

Vigilance Clearance Certificate Format

[On official letterhead of the lending organization]

No.: [Insert Reference Number]

Date: [Insert Date]

To,

The Under Secretary to Govt. of India, Ministry of Health and Family Welfare, 12020, 2nd Floor, Kartavya Bhawan-1, New Delhi -110011.

Subject: Vigilance Clearance Certificate for [Applicant's Full Name]

- Name: [Applicant's Full Name]
- Designation: [Current Designation]
- Organisation: [Name of Current Employer]
- Pay Level: [Pay Level]

Vigilance Status:

- No disciplinary proceedings or vigilance inquiries are pending/contemplated against the officer.
- No major/minor penalty imposed in the last 10 years.
- Integrity is beyond doubt as per DoPT guidelines.

Deputation Criteria: The officer fulfills all deputation criteria as per DoPT guidelines.

Signature:

Name: [Issuing Authority's Name]

Designation:

Seal:

No Objection Certificate (NOC) Format

[On official letterhead of the lending organization]

No.: [Insert Reference Number]

Date: [Insert Date]

To,

The Under Secretary to Govt. of India, Ministry of Health and Family Welfare, 12020, 2nd Floor, Kartavya Bhawan-1, New Delhi -110011.

Subject: No Objection Certificate for Applicant's Full Name]

Name: [Applicant's Full Name]

Designation: [Current Designation]

Organization: [Name of Current Employer]

Pay Level: [Pay Level]

Certification:

- No objection to the officer applying for the Director post at LGBRIMH on deputation.

- The officer will be relieved if selected, as per DoPT guidelines.

- Officer is clear from the vigilance angle (Ref: [Vigilance Clearance Ref. No.]).

- Deputation Criteria: The officer fulfils all deputation criteria as per DoPT guidelines.

Signature:

Name: [Issuing Authority's Name]

Designation:

Seal: