

**LGB REGIONAL INSTITUTE OF MENTAL HEALTH
(APPLICATION FORM FOR FACULTY/OTHER POSTS)**

Please affix a recent
Passport size
photograph with your
signatures across

1. Name of post applied for with category _____

2. Full Name _____

3. Father's/Husband Name _____

4. (a) Date of Birth _____

4. (b) Advertisement No. with date _____

5. Demand draft/IPO No. _____ Dated _____ drawn on _____

6. Sex:

Male	Female

7. Category:

SC	ST	OBC	General

8. Address for Communication: _____

Mobile Phone/Fax/Email No. _____

9. Permanent Home Address: _____

10. Academic and Professional Qualifications

Degree/ Diploma	Subjects	Percentage of Marks/Grade/ Div.	Name of Board/ Univ./Institution	Duration of study	Month & Year of Passing

11. Publications: (Please attach list of papers published in indexed and non-indexed journals)

12. Prizes, Honours, Awards Distinctions, if any: _____

13. Chronological record of teaching experience in a recognized teaching institution / employment records (teaching/Professional/Administrative/ fellowship/training):

(Use additional sheets, if necessary)

Name & address of Organization	Post held	Duration		Scale of Pay	Nature of duties Performed
		From	To		

14. Please give the names, designation & address (E-mail, Fax & Phone numbers) of two referees under whom you have worked and conducted research work.

15. i)

ii)

DECLARATION

I hereby declare that all statements made in this application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any of the information being found false or incorrect, my candidature for the examination/interview is liable to be rejected. In the event of any mis-statement / discrepancy in the particulars being detected at any stage even after my selection, my services are liable to be terminated without any notice.

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 /Transfer on Deputation posts)

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 selection.

Signature /Name /Designation with office seal