

**LOKOPRIYO GOPINATH BORDOLOI REGIONAL INSTITUTE OF MENTAL HEALTH  
POST BAG NO. 15, TEZPUR, ASSAM, PIN-784001.**

**INSTRUCTIONS TO THE APPLICANT FOR POST GRADUATE COURSES**

(Please adhere to the following instructions strictly)

1. Fill in the application in your handwriting neatly and legibly.
2. Please write in BLOCK LETTERS.  
Insert one letter in each block.
3. Fill in the course applied: e.g.

M	P	H	I	L			
---	---	---	---	---	--	--	--

In

P	S	Y.		S	O	C	I	A	L		W	O	R	K				
---	---	----	--	---	---	---	---	---	---	--	---	---	---	---	--	--	--	--

4. Fill in  where applicable.
5. SEPARATE APPLICATION SHOULD BE USED FOR EACH COURSE.
6. Attested copies of all certificates supporting the claims made in the application must be enclosed.
7. Affix one recent passport size photograph on the front page of the application form and another one on the Provisional Admit Card.
8. Employees of the State Government or any public undertaking should send the application through their employer. However, one copy of the application (complete in all respects) can be sent in advance. In case the application is not received through the employer before the Entrance Examination, a "No Objection Certificate" issued by the employer should be produced at the time of counseling, without which the candidate will not be interviewed.
9. The last date for receipt of application is **4 pm on 07.02.11**
10. APPLICATIONS RECEIVED AFTER THE DUE DATE WILL NOT BE CONSIDERED.
11. INCOMPLETE APPLICATIONS WILL BE REJECTED.

Roll no:.....  
(For office use only)



5. Permanent Address


Pin Code: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

6. Sex 

Male	Female
------	--------

7. Date of Birth: 

D	D	M	M	Y	Y	Y	Y

8. Nationality (If other specify) 

Indian	Others
--------	--------

9. Community (Certificate to be enclosed) 

SC	ST	Others
----	----	--------

10. State in which you are domiciled 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

11. Employment:  
11.1. Are you now employed? 

Yes	No
-----	----

11.2. If yes, give name and address of the employer.  


11.3 Post held by you. 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

11.4. Are you being officially sponsored / deputed by your employer for this training. 

Yes	No	NA
-----	----	----

11.5. If yes, give details 

Deputation	Study Leave	With Pay	Without Pay	NA
------------	-------------	----------	-------------	----

11.6. If not, will you resign your job to join the course?

Yes	No	NA
-----	----	----

12. Academic Record.

Examination Passed	College / University	Board / University	Date of		No. of Attempts	% of Marks or Grade	Subjects Studied (Final)
			Entry	Leaving			

13. Academic honors and merits:

14. Council Registration no.:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

14.1. Name of the Council .

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

15. PRCA / Compulsory internship in case of M.B.B.S. candidates

Duration:

From:

To:

Date:

Signature of the Candidate

## Declaration by the Applicant

1. I agree to undergo the course on a full time basis and shall not engage myself in any kind of private practice during the period of the course. I will not pursue any part time course elsewhere unless permitted by the Institute.
2. I agree that during my stay in the Institute, I shall not draw my pay / allowances or fellowships from any other source if I am employed as a Resident.
3. I declare that I shall abide by the rules and regulations of the Institute and those that are framed from time to time.
4. I hereby declare that the information given in this application is true and correct to the best of my knowledge and belief. In case any information given in this application proves to be false or incorrect, I shall be responsible for the consequence.

(Signature of the Applicant)

Name in Block Letters: .....

Permanent Address:.....

.....

.....

Place:.....

Date:.....

## Declaration by the Parent/ Spouse / Guardian of the Applicant

I here by declare that I am responsible for the timely payment of all dues to the LGB Regional Institute of Mental Health, Tezpur in respect of my son/daughter/ward name:.....  
..... during the period of his /her study at the Institute and thereafter until the accounts are cleared.

(Signature of the Parent/ Spouse / Guardian of the Applicant)

Name in Block Letters: .....

Permanent Address:.....

.....

.....

Place:.....

Date:.....

## Forwarding note to be signed by the Employer under whom the Applicant is employed

I certify that the application is being made with my permission and that there is no objection to release the applicant if selected for the courses, within the prescribed limit of time.

I also certify that I shall inform the authorities of the LGB Regional Institute of Mental Health, Tezpur, about the financial term e.g. Salary, Leave Salary, Study Leave Salary, Deputation Allowances etc., which are paid to the applicant during the period of this training.

Place:

Date:

(Signature of Employer)

Office seal and address of Employer

**LOKOPRIYO GOPINATH BORDOLOI REGIONAL INSTITUTE OF MENTAL HEALTH  
POST BAG NO. 15, TEZPUR, ASSAM, PIN-784001.**

**ADMIT CARD FOR WRITTEN EXAMINATION**

***ENTER PARTICULARS IN CAPITAL LETTERS ONLY***

1. Full Name:.....

2. Gender:                    Male / Female

3. Date of Birth:

4. Category:                ST / SC / OBC/General/Others

5. Course applied for:

Affix one photograph  
duly signed by the  
candidate and attested  
by a Gazetted Officer

(For Office use only)

Application No.:.....

Roll No.:.....

Signature of the Candidate

**(At Examination Hall)**

Signature of Candidate

Signature of Invigilator