

Telephone: (03712) 233340/232652
FAX: 03712-233623

Application No. _____

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

INSTRUCTIONS TO THE APPLICANT FOR POST GRADUATE COURSE

(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.

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3. Fill in where applicable.
4. Attested copies of all certificates supporting the claims made in the application must be enclosed.
5. Affix one recent passport size photograph to the application form on the front page and another on the provisional Admission Card, if relevant.
6. The last date for receipt of application is **31st May 2011 by 4.00 pm.**
7. APPLICATIONS RECEIVED AFTER THE DUE DATE WILL NOT BE CONSIDERED.
8. INCOMPLETE APPLICATIONS WILL BE REJECTED.

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

6. Permanent Address

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Pin Code:

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7. Date of Birth:

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8. Nationality
(If other specify)

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| Indian | Others |
|--------|--------|

9. Community

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|----|----|-----|--------|
| SC | ST | OBC | Others |
|----|----|-----|--------|

10. State in which you are domiciled

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11. Academic Record.

| Examination Passed | College/ University | Board/ University | Date of | | No. of attempts | % of Marks or Grade | Subjects Studied (Final) |
|-----------------------------|---------------------|-------------------|---------|---------|-----------------|---------------------|--------------------------|
| | | | Entry | Leaving | | | |
| 1. MBBS | | | | | | | |
| 2. DPM | | | | | | | |
| 3. Other PG Degree/ Diploma | | | | | | | |

12. Have you passed the required qualifying examination:

In case of DNB mention DPM or CET/ Primary Examination

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|-----|----------------|----|
| Yes | Result Awaited | NA |
|-----|----------------|----|

13. Academic honors and merits

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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 hereby 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:.....