

**LGB REGIONAL INSTITUTE OF MENTAL HEALTH**  
**(POST APPLIED FOR .....)**

Please affix a recent  
Passport size  
photograph  
with your  
signatures

1. Full Name (in Block letter) \_\_\_\_\_
2. Father's/Husband Name \_\_\_\_\_
3. (a) Date of Birth \_\_\_\_\_  
(b) Age as on 10.02.2022 \_\_\_\_\_
4. Whether belongs to SC/ ST /OBC/EWS: \_\_\_\_\_
5. Caste: \_\_\_\_\_
6. Religion: \_\_\_\_\_
7. Advertisement No. 04/2022 (File No. LGB/Estt/246/01/Part-IV/ 0400 dated 21.01.2022)
8. Demand draft No. \_\_\_\_\_ Dated \_\_\_\_\_ Bank Name \_\_\_\_\_

9. Sex:

Male	Female

10. Address for Communication: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Mobile No. \_\_\_\_\_

12. Email. I.D \_\_\_\_\_

13. Permanent Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Academic and Professional Qualifications

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

15. RCI/INC Registration No. (Please attach a copy of certificate) \_\_\_\_\_

16. Additional information, if any, which you would like to mention in support of your suitability for the post.

(This among other things may provide information with regard to (i) additional Academic qualifications (ii) professional training and (iii) work experience over and above prescribed in the vacancy circular / advertisement) (Note: Enclose a separate sheet, if the space is insufficient).

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

i) \_\_\_\_\_

\_\_\_\_\_

ii) \_\_\_\_\_

\_\_\_\_\_

**DECLARATION**

I have carefully gone through the vacancy circular/advertisement and I am well aware that the bio-data, duly supported by documents submitted by me will also be assessed by the selection committee at the time of selection for the post. I hereby declare that the information given by me in this application is true and correct to the best of my knowledge and belief.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of candidate

Candidates already employed in Central/State Govt./Autonomous Institution/Statutory Organizations /PSUs under Central/State Govt. should get the following endorsement signed by their present employer (appointing authority)

NO OBJECTION CERTIFICATE

1. Certified that Dr./Shri/Smti/Kumari.....holds a post of .....for a period.....to.....on regular basis in this Department/office/Institution/Organization. I have no objection to his /her application being considered for the post of .....in the Department of .....in LGBRIMH, Tezpur. In the event of his/her selection to the post he/she will be relieved from the duty to take up the post of .....in LGBRIMH, Tezpur.

No.:.....Signature.....

Dated:.....Designation.....