



लोकप्रिय गोपीनाथ बरदलै क्षेत्रीय मानसिक स्वास्थ्य  
संस्थान

तेजपुर: असम: पिन: 784001

**LGB REGIONAL INSTITUTE OF MENTAL HEALTH**

(An Autonomous body under Ministry of Health and Family Welfare, Govt. of India)

Website: [www.lgbrimh.gov.in](http://www.lgbrimh.gov.in), e - Mail: [mail@lgbrimh.gov.in](mailto:mail@lgbrimh.gov.in)

Post Box No. 15:: FAX No. (03712) 233623

TEZPUR:: 784001 :: ASSAM

No. LGB/Estt/COR.NSG/2122/22/ 5388

Date: 14<sup>th</sup> Sept' 2022

### NOTIFICATION

Applications are invited from eligible and interested candidates for 23 no.s of Diploma in Psychiatric Nursing seats of following categories (UR-11, OBC-06, SC-03, ST-01, EWS-02) for the written examination to be held on 26.09.2022.

Applications with self attested documents are to be sent to the Institute e-mail id [lgbrimh@yahoo.co.in](mailto:lgbrimh@yahoo.co.in) for registration by 22.09.2022 positively.

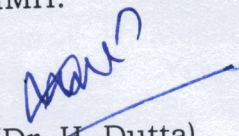
#### Eligibility criteria for open selection:-

- A selection test/Interview.
- Candidates must be a registered Nurse (RN/RM) with valid registration.
- Possess minimum one year of experience.
- Be physically fit.

No further extension of dates will be provided.

Details of the examination will be notified shortly.

This is issued as per approval of the Director, LGBRIMH.

  
(Dr. H. Dutta)  
OSD, I/c Deputy Director



**LGB REGIONAL INSTITUTE OF MENTAL HEALTH**

(COURSE APPLIED FOR .....)

Please affix a recent  
Passport size  
photograph  
with your  
signature

1. Full Name (in Block letter) \_\_\_\_\_

2. Father's/Husband Name \_\_\_\_\_

3. Date of Birth \_\_\_\_\_

4. Whether belongs to SC/ ST /OBC/EWS: \_\_\_\_\_

5. Caste: \_\_\_\_\_

6. Religion: \_\_\_\_\_

7. Sex:

Male	Female

8. Address for Communication: \_\_\_\_\_

9. Mobile No. \_\_\_\_\_

10. Email. I.D \_\_\_\_\_

11. Permanent Address: \_\_\_\_\_

**12. Academic and Professional Qualifications**

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



13. Registration Details. (Please attach a copy of certificate) \_\_\_\_\_

14. Chronological record of employment (Use additional sheets, if necessary)

Name & address of Organization	Post held	Duration		Scale of Pay/ Pay band + GP	Nature of duties Performed
		From	To		

15. Nature of present employment (Please Mark):

Temporary	Permanent
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NOTE: Self-attested copies of all documents/certificates are to be enclosed.

**DECLARATION**

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