



क्षेत्रीय आयुर्विज्ञान संस्थान, इम्फाल: मणिपुर
REGIONAL INSTITUTE OF MEDICAL SCIENCES, IMPHAL, MANIPUR
(स्वास्थ्य और परिवार कल्याण मंत्रालय, भारत सरकार के अंतर्गत एक स्वायत्त संस्थान)
(An Autonomous Institute under the Ministry of Health & Family Welfare, Govt. of India)

Phone : 0385-2414720
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C I R C U L A R

Subject: Vacancy Notice for the post of Director at the Lokopriya Gopinath Bordoloi Regional Institute of Mental Health (LGBRIMH), Tezpur, Assam, on deputation basis - reg.

No. RIMS/Estt/Deputation/2025: 18957 A copy of the Advertisement No. LGBRIMH/2025/Director/01 dated 29th May, 2025, issued by the Lokopriya Gopinath Bordoloi Regional Institute of Mental Health (LGBRIMH), Tezpur, Assam, inviting applications for the post of Director of the Institute, on deputation basis, is enclosed herewith as **ANNEXURE**, for the information of interested and eligible candidates.

2. This issues with the approval of the Director, RIMS, Imphal.

Signed by

Mecolt Rajkumar Singh

Date: 24-06-2025 18:37:15

(R.K. Mecolt Singh)
Deputy Director (Admn.)

Copy to :-

1. P.S. to Director, RIMS, Imphal - *for his kind information.*
2. Principal, Dental College, RIMS, Imphal.
3. All Heads of Departments.
4. The Chief Accounts Officer/FA, RIMS, Imphal.
3. Accounts Officer, RIMS, Imphal.
4. System Administrator, RIMS, Imphal - *for uploading on the RIMS website and sending to the above Officers by e-mail.*
5. Notice boards.



লোকপ্ৰিয় গোপীনাথ বৰদলৈ শ্বেত্ৰীয় মানসিক স্বাস্থ্য সংস্থান
তেজপুৰ: অসম: পিন: 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, e - Mail: mail@lgbrimh.gov.in
Post Box No. 15:: FAX No. (03712) 233623
TEZPUR:: 784001 :: ASSAM

No. LGBRIMH/2025/Director/01

Dated 29th May, 2025

Advertisement for the Post of Director on Deputation Basis

Applications are invited from eligible candidates for the post of Director at Lokopriya Gopinath Bordoloi Regional Institute of Mental Health (LGBRIMH), Tezpur, Assam, on a **deputation** basis. LGBRIMH is an autonomous institute under the Ministry of Health and Family Welfare, Government of India, dedicated to mental health education, research, and patient care.

Details of the Post

1. Name of the Post: Director
2. Number of Posts: 1 (One)
3. Classification: Group 'A' Medical
4. Scale of Pay: Level 15 in the Pay Matrix (Rs. 1,82,200 - 2,24,100) as per 7th CPC
5. Method of Recruitment: Deputation (including short-term contract).
6. Eligibility Criteria

Educational Qualifications and Experience:

- A high Postgraduate (PG) qualification in Medicine or Surgery or Public Health and their branches, recognised by the Medical Council of India (MCI/NMC).
- Teaching and/or research experience of not less than 10 years in the field of Mental Health.
- 25 years of experience in the profession, with extensive practical and administrative experience in the field of Medical Relief, Medical Education, or a Public Health Organisation and adequate experience in running an important scientific educational institute either as Head or Head of the Department.

Deputation Eligibility:

- Officers from Central/State Autonomous Organisations/ Research Institutions/ Universities:
 - Holding analogous posts on a regular basis in the parent cadre/department
- OR
- With 3 years' regular service in Pay Level- 14 of the Pay Matrix or equivalent in the parent cadre/department.

Fulfilling the educational qualifications and experience as mentioned in the respective section of this advertisement.

Age Limit:

Not exceeding 60 years as on the closing date of receipt of application (Relaxable for Government Servants)

Tenure:

The appointment of Director shall be on single tenure basis for a period of five years from the date on which he enters upon his office or till he attains the age of sixty-five years whichever is earlier.

Terms and Conditions

- The appointment will be on a deputation basis. All terms and conditions not specified herein will be governed by the Department of Personnel and Training (DoPT) Office Memorandum issued from time to time.
- The parent department must certify that the candidate fulfills all deputation criteria as per DoPT guidelines.

Selection Process

Selection will be made by a Selection Committee constituted as per the Recruitment Rules of LGBRIMH and in accordance with DOPT guidelines.

How to Apply

1. **Application Format:** Candidates must submit their applications in the prescribed format (attached). The format can also be downloaded from the LGBRIMH website: www.lgbrimh.gov.in

2. Documents Required:

- Duly filled application form in the prescribed format.

- Attested copies of APAR/ACRs for the last 5(five) years duly attested on each page by an officer not below the rank of Under Secretary to the Government of India.
- Self-attested copies of educational qualifications, experience certificates, and proof of age.
- Vigilance Clearance Certificate (format attached).
- No Objection Certificate (NOC) from the current employer (format attached).
- A recent passport-size photograph affixed to the application form.
- Any other documents specified in the application checklist.

3. Submission: Applications, complete in all respects, should be sent through proper channel by Speed Post/Registered Post to:

The Under Secretary (Mental Health), Ministry of Health and Family Welfare, Government of India, Room No.:434-C, Nirman Bhawan, New Delhi-110011

4. Last Date: Applications must reach the above address within 45 days from the date of publication of this advertisement in the Employment News .

5. Envelope: Superscribe the envelope with: "Application for the Post of Director on Deputation Basis - Advt. No LGBRIMH/2025/Director/01".

Incomplete applications or those received after the last date will be summarily rejected.

- Candidates must ensure that the Vigilance Clearance and NOC are issued by the competent authority of the lending department, certifying that the candidate fulfills all deputation criteria as per DoPT guidelines.
- LGBRIMH reserves the right to cancel the recruitment process at any stage without assigning any reason.
- No TA/DA will be provided for attending the interview/interaction, if applicable.

OSD, Deputy Director

Application Form

Application Form for the Post of Director on Deputation Basis in Lokopriya Gopinath Bordoloi Regional Institute of Mental Health (LGBRIMH)

Advertisement No.: LGBRIMH/2025/Director/01

1. Personal Details

- Full Name:
- Father's/Husband's Name:
- Date of Birth (DD/MM/YYYY):
- Age as on last date of application:Years.....
Months..... Days
- Gender: Male/Female /Other
- Nationality:
- Category (if applicable): SC/ST/OBC/EWS/PwBD/General
- Marital Status: Married / Unmarried / Other

2. Contact Details

- Permanent Address:
City: State: PIN:
- Correspondence Address:

City: State: PIN:
- Mobile Number:
- Email ID:

3. Current Employment Details

•Name of Current Employer:

•Current Designation:

•Pay Level (as per 7th CPC):

•Nature of Appointment: Regular / Contract / Deputation

•Date of Appointment to Current Post:

•Address of Current Employer:

•Parent Organization: Central/State Autonomous
Organization/Research Institution/University Other
(Specify:.....)

4. Educational Qualifications

S.No.	Qualification	Institution/University	Year of Passing	Percentage/CGPA	Subjects/Specialization

•High PG Qualification in Medicine/Surgery/Public Health: Yes / No

If Yes, specify:.....

5. Professional Experience

S.No.	Name of Organisation	Designation	Pay Level/Scale	Period (From -To)	Nature of Duties

•**Experience in Mental Health (Teaching and/ or Research):**.....Years (Min 10 years required)

•**Total Professional Experience:**.....Years (Min. 25 years required)

•**Experience in Medical Relief, Medical Education, or Public Health organization:**.....

•**Experience in running an important scientific educational institute either as Head or Head of the Department:**.....

6. Eligibility for Deputation

•**Holding analogous:** Yes /No

If yes, provide details:

•**OR 3 years' regular service in Pay Level 14:** Yes /No

If yes, provide details:

Fulfills educational and experience criteria as per RR: Yes / No

7. Additional Information

•**Training/Courses in Mental Health or Administration:**.....

•**Publications in Mental Health:**.....

•**Awards/Recognitions:**.....

8. Vigilance Clearance and NOC

•Vigilance Clearance Certificate: Attached.....(Yes/No)

•No Objection Certificate (NOC): Attached(Yes/No)

9. Declaration

1, [Full Name], declare that all information provided is true and correct. I fulfill the eligibility criteria as per the advertisement and Recruitment Rules for the post of Director at LGBRIMH.

Place:.....

Date:.....

Signature:.....

Checklist of Documents:

1. Self-attested copies of educational qualifications
2. Attested copies of APAR/ACRs for the last 5(five) years duly attested on each page by an officer not below the rank of Under Secretary to the Government of India.
3. Experience certificates
4. Vigilance Clearance Certificate
5. No Objection Certificate (NOC)
6. Passport-size photograph
7. Pay slip/service certificate showing Pay Level

Vigilance Clearance Certificate Format

[On official letterhead of the lending organization]

No.: [Insert Reference Number]

Date: [Insert Date]

To,

The Under Secretary (Mental Health), Ministry of Health and Family Welfare, Government of India, Room No.:434-C, Nirman Bhawan, New Delhi-110011

Subject: Vigilance Clearance Certificate for [Applicant's Full Name]

- Name: [Applicant's Full Name]
- Designation: [Current Designation]
- Organisation: [Name of Current Employer]
- Pay Level: [Pay Level]

Vigilance Status:

- No disciplinary proceedings or vigilance inquiries are pending/contemplated against the officer.
- No major/minor penalty imposed in the last 10 years.
- Integrity is beyond doubt as per DoPT guidelines.

Deputation Criteria: The officer fulfills all deputation criteria as per DoPT guidelines.

Signature:

Name: [Issuing Authority's Name]

Designation:

Seal:

No Objection Certificate (NOC) Format

[On official letterhead of the lending organization]

No.: [Insert Reference Number]

Date: [Insert Date]

To,

The Under Secretary (Mental Health), Ministry of Health and Family Welfare, Government of India, Room No.:434-C, Nirman Bhawan, New Delhi-110011

Subject: No Objection Certificate for Applicant's Full Name]

Name: [Applicant's Full Name]

Designation: [Current Designation]

Organization: [Name of Current Employer]

Pay Level: [Pay Level]

Certification:

- No objection to the officer applying for the Director post at LGBRIMH on deputation.
- The officer will be relieved if selected, as per DoPT guidelines.
- Officer is clear from the vigilance angle (Ref: [Vigilance Clearance Ref. No.]).
- Deputation Criteria: The officer fulfils all deputation criteria as per DoPT guidelines.

Signature:

Name: [Issuing Authority's Name]

Designation:

Seal: