

INSTITUTE OF MENTAL HEALTH & HOSPITAL, AGRA

Mathura Road, Agra-282002

Phone-0562-2602650

Email-imhh.agra@gmail.com Website- www.imhh.org.in

REGULAR INTERVIEW

No.Dir./App./Regular/2022/ 123

Date:- 18/7/22

IMHH, Agra invites applications for following positions on regular basis. Details of the posts, age, qualifications, experience and reservation as per U.P. Govt. rules. Pay scale/emoluments, general conditions and application form can be downloaded from Institute Website- www.imhh.org.in

Post Name	Upper Age Up to (in years)	No. of Posts & Reservation	Salary Amount in (Rs.) Per Month
Department of Psychiatry			
Associate Professor	55	02 (01 SC, 01 UR)	Academic Level – 13 A Entry Pay Rs. 1,31,400 + Allowances
Assistant Professor	50	02 (01 SC, 01 OBC)	Academic Level – 11 Entry Pay Rs. 68,900 + Allowances

1. Upper age relaxation for Government Servants and candidates belonging to Schedule Case/Tribes/Other backward Class as per U.P. Govt. rules.
2. Eligibility:-
 - A) For Psychiatry Essential Qualification & Experience As per NMC/U.P State Medical Education rules.
 - B) Experience as per Govt. rules.
3. Please visit our website www.imhh.org.in for detailed advertisement. Application form can be downloaded from website.
4. Last date to submission applications will be 16-08-2022 till 5.00 p.m. along with self-attested photocopies of all documents including experience certificate should be sent by registered/speed post to The Director, Institute of Mental Health & Hospital, Agra (U.P) - 282002.
5. Application fee of Rs. 2000/- should be submitted through demand draft in favor of "Director, Institute of Mental Health & Hospital, Agra."
6. Director, Institute of Mental Health & Hospital, Agra reserves the right to reject any or all applications without assigning any reason there of.
7. The number of post indicated is provisional and subject to change without prior notice. Selection may not be held for all the advertised posts.
8. Reservations as per U.P. Govt. rules.


Director

Institute of Mental Health & Hospital,
Agra

मानसिक स्वास्थ्य सेवा केन्द्र, अग्रा

Institute of Mental Health and Hospital,

Mathura Road, Agra-282002

Last date for submission of Application Form-

Application Form

Advertisement Date-

Post Applied For-

Category- Gen () OBC () SC () ST ()

1. Name of Candidate-

2. Father's/Husband's Name

(in block letters)

3. Date of Birth

4. Age
(As on

5. Gender- Male () Female ()

6. Marital Status Married () Unmarried () Other () Specify-

7. Nationality

8. Mailing Address

.....
.....

Pin-

9. Permanent Address

.....
.....

10. E-Mail Address

11. Contact No. Base Line Mobile-
(With STD Code)

12. Languages Known Hindi () English () Other () Specify-

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15. Research Experience-

(Attach Full citation list with Author/Authors Name)

A. Papers Published- National International

B. Papers Presented- National International

C. Dissertations Supervised Ph.D.

D. Book/Book Chapter contributed- (if yes give detail)

E. Research Project Executed-

(Mention title of project and funding agency)

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F. Seminar/Conference/Workshop Attended-

(Attach separate sheet)

National International

16. Registration- MCI () No. RCI () No.

NCI () No. () No.

17. Do you fulfil essential qualification, if Yes Please mention-

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18. Do you fulfil preferential qualification, if Yes Please mention-

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19. Sports- International National

20. Details of Application Fee-

DD. No.	Date	Name of Bank and Branch	Place	Amount

21. Any Other information, if any-
(Attach Separate Sheet)

22. Joining time required- Minimum Maximum

DECLARATION

1. I, hereby, declare that I have carefully read the condition of eligibility; the same are understood and binding on me.
2. I also declare that all statements/information's given in the application are correct and if any particulars/information's being found false or concealed, my candidature may be cancelled. In case, anything adverse is detected after my appointment, my services are liable to be terminated and necessary disciplinary and legal action may be taken against me.
3. I am employee of Govt. Of U.P./Govt. Of India/Govt. Undertaking/Autonomous body. I have informed and applied to the competent authority regarding my application and for issuance of No Objection Certificate on dated-

List of Enclosures-

Signature of the Candidate

Place:

Date: