

INSTITUTE OF MENTAL HEALTH & HOSPITAL, AGRA

Mathura Road, Agra-282002

Phone-0562-2602650

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

WALK IN INTERVIEW

No.Dir./App./Walk in /2022/ 4589

Date:-14-10-2022

IMHH, Agra invites applications for following positions on Contract 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 Clinical Psychology			
Associate Professor	55	01 (SC)	Rs. 1,20,000/- (Fixed)
Assistant Professor	45	02 (01 UR & 01 OBC)	Rs. 90,000/- (Fixed)

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 Clinical Psychology Essential Qualification & Experience As per RCI, New Delhi.
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 22-10-2022 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.
9. The Selected Candidate will not do Private Practice on O.P.D Days.
10. The duration of appointment will be for 11 months.
11. The services of contractual candidate will be automatically terminated on the appointment of regular candidate.
12. If the work and conduct of the candidate is not satisfactory then the services will be terminated with one month prior notice.


Director
Institute of Mental Health & Hospital,
Agra
मानसिक स्वास्थ्य संस्थान एवं अस्पताल
आगरा

Qualifications and Experiences

(1) Associate Professor (Clinical Psychology)

1. Post-graduate degree in Psychology.
2. RCI recognized M. Phil in Clinical Psychology from a RCI recognized institute.
3. Ph.D. in Clinical Psychology/Psychology.
4. Five years of teaching experience either as lecturer or as Assistant Professor.
5. Three Research publications in indexed journal as first/corresponding author.

(2) Assistant Professor (Clinical Psychology)

1. Post-graduate degree in Psychology.
2. RCI recognized M. Phil in Clinical Psychology from a RCI recognized institution.
3. 03 Years Teaching or Research Experience in a recognized institute in the subject of specialty after obtaining the qualifying degree as above.

TERMS AND CONDITIONS -

- 1 The positions are on Contractual basis.
- 2 The candidate must bring all original documents for verification.
- 3 The Candidates should determine their eligibility.
- 4 Determination of qualifying age 01.07.2022.
- 5 Reservation and age relaxation shall be admissible as per U.P. Govt. Rules.
- 6 Exceptionally meritorious applicants may be sanctioned higher emoluments on recommendation of selection committee subject to subsequent sanction by management committee/chairman of management committee.
- 7 In case suitable candidate is not available in any category for any post requisite conditions of qualification & experience may be relaxed (on recommendation of selection committee).
- 8 The candidates should send their applications on prescribed format (downloaded from institute website) with fee of Rs. 2,000/- (Rs. 1,000 for SC/ST Candidates) through DD drawn in favour of the Director, Institute of Mental Health and Hospital, Agra payable at Agra.
- 9 Application fees once paid shall not be refunded under any circumstances.
- 10 The Institute shall verify the antecedents or documents submitted by a candidate at any time, at the time of appointment or during the tenure of the service. In case, it is detected that the documents submitted by the candidates are fake or the candidate has a clandestine antecedents / background and has suppressed the said information

or material facts, then his services shall be terminated and a legal action may be initiated.

- 11 Director reserves the right to reject any or all of the applications without assigning any reason, whatsoever.
- 12 The candidate must mention on the top of the envelope serial number and name of the post applied for.
- 13 Where the number of application received in response to advertisement is large and it will not be convenient for the Institute of Mental Health and Hospital, Agra to interview all the candidate, the Institute of Mental Health and Hospital, Agra may restrict the number of candidate to a reasonable limit on the basis of higher than the prescribed minimum qualification or experience in the relevant field or on the basis of merit of the prescribed qualifications and experience.
- 14 Candidate should attach one self addressed envelope size 23cm x 10cm affixing postal stamp of Rs. 50/-
- 15 The institute reserves the right not to fill up any or all the vacancies advertised if the circumstances so warrant. Any consequential vacancies arising at the time of interview may also be filled up from the available candidates. The number of positions is thus open to change. The number of posts may increase or decrease.
- 16 In case of the inadvertent mistake in the process of selection which may be detected at any stage even after the issue of appointment letter, the institute reserves the right to modify/withdraw/cancel any appointment letter/communication made to the candidates.
- 17 In case of any dispute / ambiguity that may occur in the process of selection, the decision of the Director shall be final.
- 18 **Applicants who are in employment should bring 'No Objection Certificate' from the employer.**
- 19 Candidates are advised to satisfy themselves before applying that they possess at least the minimum essential qualifications laid down in the advertisement.
- 20 Canvassing in any form will disqualify a candidate.
- 21 **No TA/DA shall be admissible for attending interview.**
- 22 The selected candidate should be ready to join immediately.
- 23 The faculty shall always be available for emergency services in the institute.

REMEMBER-

- 1 Attach self attested photocopies of all relevant documents.
- 2 Affix recent passport size color photograph with name and date.
- 3 One self addressed envelope size 23cm x 10cm affixing postal stamp of 50/-.
- 4 Application fee of Rs. 2,000/- (Rs. 1,000/- for SC/ST Candidates) in form of Demand Draft in the name of Director, Institute of Mental Health and Hospital, Agra payable at Agra.
- 5 Satisfy that you possess at least minimum essential qualification.
- 6 Mention on top of envelope serial number and name of the Post Applied for.
- 7 The application should reach on or before 22.10.2022 at 5 pm.
- 8 The Number of Posts advertised can increase or decrease without prior notice . Selection may not be held for all the advertised posts.
- 9 Interview Schedule-

**Date, Time and Place of Interview shall be notified on the website of the
Institute soon.**

Note : Candidates are also advised to check website regularly for date, time and place of the interview.

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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PHOTO

13. Educational Qualifications-
(In chronological order from High School on ward)

Examination passed	Year	Board/Institution/ University	Max.Marks/ Obtained	%Marks	Attempt	Subject

14. Experience Details-

Designation	Name and address of employer	Duration		Permanent/ Temporary	Pay Scale	Total Duration	
		From...	To.....			Teaching	Non Teaching

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. Other () 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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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: