### National Institute of Mental Health Rehabilitation, Sehore

Department of Empowerment of Persons with Disabilities (Divyangjan), Ministry of Social Justice & Empowerment, Govt. of India Old District Panchayat Bhawan, Luniya Chauraha, Mandi road, Sehore, Madhya Pradesh – 466001 Website: https://nimhr.ac.in, Phone: 0756-2223960, Email: nimhrsehore@gmail.com

## **Employment Notice 01/2023**

Applications are invited for various Group A and Group B posts of National Institute of Mental Health Rehabilitation (NIMHR), Sehore, Madhya Pradesh, an autonomous body under the administrative control of Department of Empowerment of Persons with Disabilities (Divyangjan), Ministry of Social Justice & Empowerment (MSJ&E), Government of India. The details for various posts of NIMHR are as under:

| Sr.<br>No. | Post & Pay<br>Level of 7 CPC   | Age Limit | Mode of recruitment   | No. of<br>posts/<br>category<br>as per<br>roaster | Qualifications   |
|------------|--|-----------|-----------------------|---|--|
| Grou       | o A  |           |                       | 1   |  |
| 1          | Assistant Professor (Psychiatric Nursing) –  Level 11 (Rs. 67700 – 208700)     | 40 Years  | Direct<br>Recruitment | 01/ PwD<br>(Locomotor<br>Disability)              | (A) Essential Ph.D/ D.Sc in Psychiatric Nursing from a recognized University/ Institution (B) Experience 03 years teaching and/ or research experience in the discipline/ Subject concerned after obtaining doctorate degree.  |
| 2          | Assistant Professor (Psychiatry) –  Level 11 (Rs. 67700 – 208700)              | 40 Years  | Direct<br>Recruitment | 01/ UR  | (A) Essential     M.D. in Psychiatry/ M.D. Psychological Medicine/ or equivalent qualification from a recognized University/ Institution.     (B) Experience     03 years teaching and/ or research experience in the discipline/ Subject concerned after obtaining doctorate degree. Senior residentship will also be considered as experience of teaching.   |
| 3          | Assistant Professor (Psychiatric Social work) –  Level 11 (Rs. 67700 – 208700) | 40 Years  | Direct<br>Recruitment | 01/OBC  | (A) Essential     Ph. D/ D. Sc. in Medical and/ or Psychiatric Social Work from a recognized University/ Institution.      B) Experience     03 years teaching and/or research experience in the discipline/ Subject concerned after obtaining doctorate degree.   |
| 4          | Administrative<br>Officer<br>Level 10<br>(Rs. 56100-<br>177500)                | 56 Years  | Deputation*           | 01  | A) Officers under Central/ State Government/ Universities/ recognized research institutes/ Public Sector Undertakings/ Autonomous/ Statutory organizations. i. Holding the analogous post on regular basis.  OR  ii. 5 years experience dealing with administration establishment, vigilance, finance, purchase and store etc. in level 8 or above.  OR  iii. 8 years experience dealing with administration, establishment, vigilance finance, purchase and store etc. with working knowledge of computer in level 7 or above.  B) Masters degree with at least 55% of the marks or an equivalent grade in a point scale wherever grading system is followed. |
| Grou       | o B  |           |                       |   |  |

| 4 | Assistant    | 35 Years | Direct      | 01/ PwD | (A) Essential   |
|---|--------------|----------|-------------|---------|---|
|   | Librarian –  |          | Recruitment | (Low    | i) Bachelor's degree in Library Science/ Information        |
|   |              |          |             | Vision) | Science/Library & Information Science /                     |
|   | Level 7      |          |             | ,       | Documentation Science from a recognized                     |
|   | (Rs. 44900 – |          |             |         | University/Institution with at-least 55% of the marks or an |
|   | 142400)      |          |             |         | equivalent grade in a point scale wherever grading system   |
|   | ,            |          |             |         | is followed.  |
|   |              |          |             |         | ii) Three years' working experience in a Library under      |
|   |              |          |             |         | Public/Private organization.                                |
|   |              |          |             |         | (B) Desirable   |
|   |              |          |             |         | i) Master's Degree/Post Graduate Diploma in Library         |
|   |              |          |             |         | Science / Information Science / Library & Information       |
|   |              |          |             |         | Science / Documentation Science/ Library Automation and     |
|   |              |          |             |         | Networking / PGDCA or equivalent from a recognized          |
|   |              |          |             |         | University/institution.                                     |

<sup>\*</sup>Deputation will be initially for a period of 3 years and thereafter extendable, after review performance on yearly basis, as per rules of GOI governing deputation time to time (Period of deputation including period of deputation in another ex-cadre post held immediately preceding this appointment in the same or some other organization or department shall not ordinarily exceed five years).

#### **GENERAL TERMS & CONDITIONS:**

- A. The applicant must be a citizen of India
- B. The candidates selected will be governed by the provisions of the New Pension scheme introduced by the Government of India w.e.f. 01.01.2004.
- c. The applicants serving in Government/Public Sector Undertakings /Autonomous Bodies must send their application THROUGH PROPER CHANNEL.
- E. The filled in applications, in the prescribed format, along with the self attested copies of certificates in support of educational qualifications, experience, caste, disability etc., must reach the Director, National Institute of Mental Health Rehabilitation, Sehore, Old District Panchayat Bhawan, Luniya Chauraha, Mandi road, Sehore, Madhya Pradesh 466001 within 45 days from the date of publishing in employment news. Applications received late/incomplete or not in prescribed format will not be considered
- F. The applicants applying on deputation basis for the post of Administrative Officer shall forward their application along with last five years ACRs/APARs integrity certificate and vigilance certificate should reach through proper channel (wherever applicable). Deputation will be governed as per rules of deputation as amended from time to time.
- G. The candidates should possess valid RCI/MCI registration (If applicable) as on the last date of receipt of application.
- H. Mere possessing the EQ will not entail any candidate a right to be considered eligible for the post. The final list of candidates called for interview/written test is based on the short listing of candidates by a duly constituted Screening Committee. Only short listed candidates will be communicated and no interim correspondence will be entertained.
- I. Relaxation in upper age limit is applicable as per the norms of GOI to SC/ST/OBC/ PH/Ex-Servicemen/employees already working in Central Government Departments. The cutoff date for determining eligibility of age will be as on the last date of submission of applications.
- J. Demand Draft (non-refundable) of Rs.500/- drawn on any Nationalized Bank in favour of NIMHR, Sehore should be submitted along with the application. No fee is prescribed for candidates belonging to SC/ST/Women/PH/category. Separate application should be submitted for each post. The candidate should clearly mention their name & post applied for on the back side of DD. The applications not accompanied by the required DD or the applications that are received without specifying the post applied for, will not be considered.

- κ. The posts of Assistant Professors and Assistant Librarian are to be filled on direct recruitment basis and the post of Administrative Officer is to be filled on deputation basis as per the rules.
- L. The Institute reserves right to accept or reject the application without assigning any reasons. Canvassing in any manner will disqualify from the selection process.
- м. All educational/professional/technical qualifications should be from a recognized Board/University
- N. The relevant experience requirement specified should be the experience acquired after obtaining the minimum educational qualifications required for the post.
- o. The selection procedure for Group 'A' posts will be as per NIMHR norms.
- P. The selection for the Group 'B' & 'C' posts will be done based on merit as per the criteria approved by the Ministry vide Letter F.No.14-13/2015-NI, dated 11.07.2017 by dispensing the interviews as per the instructions of the DOPT vide OM.No.39020/01/2013-Estt(B)-Part, dated 29.12.2015
- Q. The pay and allowances etc. are admissible as per rules applicable to central autonomous body under DEPwD, MSJE, Govt. of India.

Director, NIMHR

## राष्ट्रीय मानसिक स्वास्थ्य पुनर्वास संस्थान, सीहोर National Institute of Mental Health Rehabilitation, Sehore

दिव्यांगजन सशक्तिकरण विभाग, सामाजिक न्याय और अधिकारिता मंत्रालयं, भारत सरकार Department of Empowerment of Persons with Disabilities (Divyangjan), Ministry of Social Justice & Empowerment, Govt. of India पुराना जिला पंचायत भवन, लूनीया चौराहा, मंडी रोड, सीहोर, मध्य प्रदेश - 466001

Old District Panchayat Bhawan, Luniya Chauraha, Mandi road, Sehore, Madhya Pradesh – 466001 वेबसाइट / Website: https://nimhr.ac.in, फोन / Phone: 0756-2223960, ईमेल / Email: dy.registrar@nimhr.ac.in

#### **Application Format for Group A Posts**

| Employment Notification No. |   | Application No.     |       |                         |            |                     |               |                   |
|-----------------------------|---|---------------------|-------|-------------------------|------------|---------------------|---------------|-------------------|
| App                         | olication for the post of   |                     |       |                         |            |                     |               |                   |
| App                         | olication Fee details   | DD No.              |       | Date                    | Am         | ount                | Bank          |                   |
|                             |   |                     |       |                         |            |                     |               |                   |
|                             |   |                     |       |                         |            |                     | •             | •                 |
|                             |   | 1                   |       |                         |            |                     |               | <u>_</u>          |
| 1.                          | Name of the applicant (in   | ٦                   |       |                         |            |                     |               |                   |
| 1.                          | capital letters)  | .1                  |       |                         |            |                     |               |                   |
| 2.                          | Father / Husband Name   |                     |       |                         |            |                     |               |                   |
| 3.                          | Date of Birth   | +                   |       |                         |            |                     |               |                   |
|                             | Nationality   | +                   |       |                         |            |                     |               |                   |
| -                           | Religion  | +                   |       |                         |            |                     |               |                   |
| 6.                          | Category  |                     |       |                         |            |                     |               |                   |
|                             | Are you PWD   |                     |       |                         |            |                     |               |                   |
| 8.                          | Present Postal Address  |                     |       |                         |            |                     |               |                   |
| 9.                          | Contact No.   |                     |       |                         |            |                     |               |                   |
|                             | E Mail ID   |                     |       |                         |            |                     |               |                   |
| -                           | Permanent Address   |                     |       |                         |            |                     |               |                   |
|                             | Educational/Technical   | Exam                | Nam   | e of the                | Diminian   | Domontono           | V             | Carbinata         |
| 12.                         | Qualifications (from 10th o   |                     |       | e of the<br>ol/College/ | Division   | Percentage of Marks |               | Subjects<br>Taken |
|                             | equivalent and onwards)   | rasseu              |       | ersity                  |            | or marks            | Passing       | Taken             |
|                             | equivalent and onwards)   |                     | OIIIV | CISILY                  |            |                     |               |                   |
|                             |   |                     |       |                         |            |                     |               |                   |
|                             |   |                     |       |                         |            |                     |               |                   |
| 1.0                         | D + 11 CD 1   | <u> </u>            |       |                         |            |                     |               | <u> </u>          |
| 13.                         | Details of Experiences:   | Details of          |       | Salary                  |            |                     | heDuration    |                   |
|                             |   | Post held           |       | Drawn<br>(Pay Band +    |            | Organization        | With date     | es of duties      |
|                             |   | (Designation / Post |       | be mentioned            |            |                     |               |                   |
|                             |   | Nature)             | /     | of                      | i iii case |                     |               |                   |
|                             |   | rvacuicy            |       | Govt. Organi            | zation)    |                     |               |                   |
|                             |   |                     |       | dove organi             | <u> </u>   |                     |               |                   |
|                             |   |                     |       |                         |            |                     |               |                   |
|                             |   |                     |       |                         |            |                     |               |                   |
|                             |   |                     |       |                         |            |                     |               |                   |
|                             |   |                     |       |                         |            |                     | <b>I</b>      |                   |
| 14                          | Particulars of places (with pe  | riods of resid      | dence | s) where von            | have resi  | ided for more       | than one ve   | or at a time      |
|                             | during the preceding five year  |                     |       |                         |            |                     |               |                   |
|                             | for more than one year after  |                     |       |                         |            |                     | viicie you ii | ave resided       |
|                             |   |                     |       |                         |            |                     | Head Ona      | rters of the      |
|                             | FROM TO Residential address in full (i.e., village, Name of the district Head Quarters of the than and district orplace mentioned in the preceding column |                     |       |                         |            |                     |               |                   |
|                             |   | e/street/roa        |       |                         | I          |                     | · r           | ,                 |
|                             |   | , ,                 |       | ,                       |            |                     |               |                   |
|                             |   |                     |       |                         |            |                     |               |                   |
|                             |   |                     |       |                         | •          |                     |               |                   |
| 15                          | Do you have any relatives in  | าไ                  |       |                         |            |                     |               |                   |
|                             | NIMHR   | -                   |       |                         |            |                     |               |                   |
|                             |   | 1                   |       |                         |            |                     |               |                   |

|                            | 16.  | Innovative and                 |  |  |
|----------------------------|------|--------------------------------|--|--|
|                            |      | Developmental works            |  |  |
|                            |      | undertaken                     |  |  |
|                            | 17.  | Details of published research  |  |  |
|                            |      | articles, if any               |  |  |
|                            | 18.  | Significant Achievements       |  |  |
|                            | 19.  | Why you think you are          |  |  |
|                            |      | suitable for the post you have |  |  |
|                            |      | applied for (Details           |  |  |
|                            |      | within one page)               |  |  |
| Signature of the Applicant |      |                                |  |  |
|                            | Date | e:                             |  |  |
|                            | Plac | re:                            |  |  |

## राष्ट्रीय मानसिक स्वास्थ्य पुनर्वास संस्थान, सीहोर National Institute of Mental Health Rehabilitation, Sehore

दिव्यांगजन सशक्तिकरण विभाग, सामाजिक न्याय और अधिकारिता मंत्रालय, भारत सरकार

Department of Empowerment of Persons with Disabilities (Divyangjan), Ministry of Social Justice & Empowerment, Govt. of India पुराना जिला पंचायत भवन, लूनीया चौराहा, मंडी रोड, सीहोर, मध्य प्रदेश - 466001

Old District Panchayat Bhawan, Luniya Chauraha, Mandi road, Sehore, Madhya Pradesh – 466001 वेबसाइट / Website: https://nimhr.ac.in, फोन / Phone: 0756-2223960, ईमेल / Email: dy.registrar@nimhr.ac.in

# **Application Format for Group B Post**

| Emp  | oloyment Notification No.                                     |               | Application No. |                 |            |                           |              |                        |  |  |
|--|---|---------------|-----------------|-----------------|------------|---------------------------|--------------|------------------------|--|--|
| Арр  | lication for the post of                                      |               |                 |                 |            |                           |              |                        |  |  |
| Application Fee details DD   |   | DD No.        |                 | Date            |            | nount                     | Bank         | Bank                   |  |  |
|  |   |               |                 |                 |            |                           |              |                        |  |  |
|  |   |               |                 |                 | •          |                           | •            |                        |  |  |
|  |   | <u>l</u>      |                 |                 |            |                           |              |                        |  |  |
| 1.   | Name of the applicant   | (in           |                 |                 |            |                           |              |                        |  |  |
| • •  | capital letters)  | (111          |                 |                 |            |                           |              |                        |  |  |
| 2.   | Father / Husband Name   |               |                 |                 |            |                           |              |                        |  |  |
|  | Date of Birth   |               |                 |                 |            |                           |              |                        |  |  |
| _  | Nationality   |               |                 |                 |            |                           |              |                        |  |  |
| -  | Religion  |               |                 |                 |            |                           |              |                        |  |  |
| _  | Category  |               |                 |                 |            |                           |              |                        |  |  |
|  | Are you PWD   |               |                 |                 |            |                           |              |                        |  |  |
| 8.   | Present Postal Address  |               |                 |                 |            |                           |              |                        |  |  |
| 9.   | Contact No.   |               |                 |                 |            |                           |              |                        |  |  |
| -  | E Mail ID   |               |                 |                 |            |                           |              |                        |  |  |
| -  | Permanent Address   |               |                 |                 |            |                           |              |                        |  |  |
| -  | Educational/Technical   | Exam          | Nam             | e of the        | Division   | Percentage                | Vear o       | fSubjects              |  |  |
|  | Qualifications (from 10th                                     |               |                 | ool/College/    | DIVISIOII  | of Marks                  | Passing      | Taken                  |  |  |
|  | equivalent and onwards)                                       | assea         |                 | ersity          |            | or marks                  | assing       | Tancii                 |  |  |
|  | <b>,</b>  |               | 0 222           | 010103          |            |                           |              | 1                      |  |  |
|  |   |               |                 |                 |            |                           |              |                        |  |  |
|  |   |               |                 |                 |            |                           | I            | 1                      |  |  |
|  |   |               |                 |                 |            |                           |              |                        |  |  |
| 12   | Details of Evenemian and                                      | D 4 11        | c               | 0 1             | 1          | NT C                      | 1 15 /:      | lar .                  |  |  |
| 13.  | Details of Experiences:                                       | Details o     |                 | Salary<br>Drawn |            | Name of t<br>Organization | he Duration  | Nature<br>es of duties |  |  |
|  |   | (Designa      |                 | (Pay Band +     |            |                           | willi dai    | es of duties           |  |  |
|  |   | / Po          |                 | be mentioned    |            |                           |              |                        |  |  |
|  |   | Nature)       | Gt /            | of              | i iii casc |                           |              |                        |  |  |
|  |   |               |                 | Govt. Organi    | zation)    |                           |              |                        |  |  |
|  |   |               |                 | 3.1.            | , ,        |                           |              |                        |  |  |
|  |   |               |                 |                 |            |                           |              |                        |  |  |
|  |   |               |                 |                 |            |                           |              |                        |  |  |
|  |   |               |                 | <u>I</u>        | <u>l</u>   |                           |              | 1                      |  |  |
| 14   | Darticulars of places (with                                   | neriods of re | osidence        | a) where voi    | hove rec   | sided for more            | than one w   | ear at a time          |  |  |
|  | Particulars of places (with during the preceding five         |               |                 |                 |            |                           |              |                        |  |  |
|  |   |               |                 |                 |            |                           | where you i  | lave resided           |  |  |
| for more than one year after attaining the age of 21 years would be given:  FROM TO Residential address in full (i.e., village, Name of the district Head Quarters of the district Head Qu |   |               |                 |                 |            |                           | rters of the |                        |  |  |
|  | thana and district or place mentioned in the preceding column |               |                 |                 |            |                           |              |                        |  |  |
|  |   | lane/street/r |                 |                 | Prace 11   |                           | re preceding | 5 001011111            |  |  |
|  |   |               |                 | ,               |            |                           |              |                        |  |  |
|  |   |               |                 |                 | 1          |                           |              |                        |  |  |
|  | <u>'</u>  |               |                 |                 | 1          |                           |              |                        |  |  |
| 15   | Do you have any relative                                      | es in         |                 |                 |            |                           |              |                        |  |  |
|  | NIMHR   |               |                 |                 |            |                           |              |                        |  |  |
|  | - 11-1 11 \   |               |                 |                 |            |                           |              |                        |  |  |

| Signature of the Applicant |  |
|----------------------------|--|
| Date:                      |  |
| Place:                     |  |