

F.No.A.12018/01/2024-Estt. 2149-50

भारत सरकार/Government of India

केंद्रीय मनश्चिकित्सा संस्थान/Central Institute of Psychiatry

(स्थापना शाखा)/(Establishment Section)

☎: 91-651-2451115(Exch)

-2451113(O)

E-mail: director@cipranchi.nic.in

Web: www.cipranchi.nic.in

कांके, राँची - 834006, झारखण्ड.

Kanke, Ranchi - 834006, Jharkhand.

दिनांक /Dated: 07/07/25

**Notice**

Director, Central Institute of Psychiatry, Ranchi invites the applications for the posts mentioned below on tenure basis upto three years. Desirous candidates fulfilling the qualification should send/submit their applications by post/by hand or by E-mail ID [director@cipranchi.nic.in](mailto:director@cipranchi.nic.in) upto or before **28.07.2025** for written examination (MCQ based) in the prescribed format giving full details of academic records and experience along with photocopy of the relevant documents with recent photograph.

**Time of reporting on 31.07.2025 at 10.00 A.M. for Written Exam and 02.30. P.M. for Department Assessment.**

**1. Name of post: Psychiatric Social Work Tutor – 03 Post (UR-1, SC-1, ST-1)**

i) Scale of Pay of the posts: Pay in the Pay Matrix Level – 6 (Rs.35400) + other allowances as per govt. rules

ii) Essential Qualifications for the post of Psychiatric Social Work Tutor:

- M.A./M.Sc. (I or II class) in Social Work/Sociology/Applied Sociology of a recognized University/Institution.
- Diploma/M.Phil. in Psychiatric Social Work or its equivalent qualification of a recognized University/Institution.

Upper Age Limit : 40 years.

The above age limit is relaxable upto 3 years for OBC and 5 years for SC/ST candidates. 10 years for Persons with disabilities, 13 years for OBC Persons with disabilities and 15 years for SC/ST Persons with disabilities. In case of Armed Forces candidates and widows, divorced women and women judicially separated from their husband, who are not married, the age relaxation will be given as per the instruction of Govt. of India time to time.

**2. Written exam will be held on 31.07.2025 from 11.00 A.M. onwards.** The selection process for the post is on the basis of screening test through theory exam of one hour based on the Multiple Choice Questions (MCQs) having weightage of 60 percent. There should be 04 marks awarded for a correct answer and a negative marking of 01 mark for each wrong answer. No negative marking for the non-attempted question.

**3. Department assessment will be held on 31.07.2025 from 2.30 P.M. onwards** who qualifies in the screening test. Weightage of assessment will be 40 marks. Breakup of 40 marks are as follows:

Assessment Chairman (10) + subject experts 10 marks each	30 marks
Publication (01 marks for each)	Maximum 04 marks
Presentation of paper in CME/Conference etc. - (01 marks for each)	Maximum 03 marks
Distinction/Awards/Medals during M.S.W/M.Phil in Psychiatric Social Work - (01 marks for each)	Maximum 03 marks

3. Photostat copies of certificate of educational qualification, experience, registration etc. must be attached with the application. The applicants must also carry the originals of the certificates on the day of examination.

4. The undersigned reserves the right to reject any or all the applications without assigning any reason.

**Note:**

- The number of posts may vary.
- No T.A./D.A. will be paid for the interview.

*Nitin*  
07/07/25  
(निदेशक/Director)

## FORMAT OF APPLICATION FORM

1. Post applied for : .....
2. Name of applicant : .....
3. Name of Father/Husband : .....
4. Nationality : .....
5. Date of Birth : .....
6. Age as on (28.07.2025) : .....
7. Whether SC/ST/OBC/EWS/PH ..... :
8. Educational Qualification :

Affix your recent  
passport size  
photograph

Name of School/Board/University	Examination passed	Year of passing

9. Experience/Brief Record of service :

Appointment held & scale of pay	Dept./office and place of posting	Period From To

10. Detail of research publication (if applicable):.....  
Attach a list of Research Papers, chapters in books or  
books. Copies of reprints may be attached.

11. Permanent Address : .....  
.....

12. Address for correspondence: .....  
(Phone, Fax, e-mail)  
.....

I hereby certify that all the statements made in the application are true, complete and correct to the best of my knowledge and belief.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

Enclosures:- \_\_\_\_\_

Signature of Applicant