F.No.A.12023/37/2025-Estt. 2149-(7)

भारत सरकार/GOVERNMENT OF INDIA

केंद्रीय मनश्चिकित्सा संस्थान/CENTRAL INSTITUTE OF PSYCHIATRY

(स्थापना शाखा)/(Establishment Section)

☎: 91-651-2451115(Exch)

-2451113(O)

कांके, राँची - 834006, झारखण्ड.

E-mail: director@cipranchi.nic.in

Kanke, Ranchi - 834006, Jharkhand. दिनोंक /Dated: ७२०२/२८

Web: www.cipranchi.nic.in

NOTICE

Director, Central Institute of Psychiatry, Ranchi invites the applications for the posts mentioned below on tenure basis. Desirous candidates fulfilling the qualification should send/submit their applications by post/by hand or by E-mail ID director@cipranchi.nic.in upto or before 23.07.2025 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 26.07.2025 at 10.00 A.M. for Written Exam and 02.30. P.M. for Department Assessment.

1. Name of post Senior Resident - 13 posts.

Psychiatry

- 07 (UR-04, OBC-02 & SC - 01) (Horizontal Category OH-1) Suitable category of Benchmark Disabilities (OA, OL, BL, OAL,

LC, DW, AAV)

Neurology

- 04 (UR-01, OBC-02, SC-1)

Radio-diagnosis – 01 (UR) Anesthesiology - 01 (UR)

Scale of Pay

Pay in the Pay Matrix Level-11 (Rs.67700) + other allowances as per govt. rules.

Qualification

1. A recognized Medical qualification (MBBS)

2. Postgraduate degree or diploma in concerned speciality.

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 26.07.2025 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 nonattempted question.
- 3. Department assessment will be held on 26.07.2025 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 | 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.B.B.S & MS/MD (01 marks for each) | Maximum 03 marks |

- 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 walk-interview.
- 5. The undersigned reserves the right to reject any or all the applications without assigning any reason.

Note:

- 1. *The number of Senior Resident posts may vary.
- 2. No T.A./D.A. will be paid for the interview.

FORMAT OF APPLICATION FORM

| 1. | Post applied for : | , | |
|---------|---|-------------------------------------|---------------------------------|
| 2. | Name of applicant : | | |
| 3. | Name of Father/Husband : | | Affix your recent passport size |
| 4. | Nationality : | | nhatagranh |
| 5. | Date of Birth : | | |
| 6. | Age as on (23.07.2025) | | |
| 7. | Whether SC/ST/OBC/EWS/F | PH | : |
| 8. | Educational Qualification : | | |
| | Name of School/Board/University | Examination passed | Year of passing |
| | | | |
| | | | |
| | | | |
| 9. | Experience/Brief Record of s | ervice : | |
| | Appointment held & scale of | Dept./office and place of | Period |
| | pay | posting | From To |
| | | | |
| | | | |
| | Attach a list of Research Pap books. Copies of reprints ma | | |
| | . I emanent Address . | | |
| 12 | . Address for correspondence (Phone, Fax, e-mail) | | |
| I herel | by certify that all the statement | ts made in the application are true | e complete and correct to the |
| | f my knowledge and belief. | - Marie Spendanon and had | ., |
| Place: | | | |
| Date: | | | |
| Enclos | sures: | | Signature of Applicant . |