

Letter No. 2893

Date: 01/10/2026

GOVERNMENT OF INDIA
DRUG DE-ADDICTION PROGRAMME
CENTRAL INSTITUTE OF PSYCHIATRY,
KANKE, RANCHI-834006, JHARKHAND

WALK IN INTERVIEW

Director, Central Institute of Psychiatry, Ranchi invites applications for the following post on a contractual basis under the *National Survey on Extent and Pattern of Substance Use in India (NDUS 2025)* for implementation of the project by the Regional Technical Agency (RTA), Central Institute of Psychiatry, Ranchi, Jharkhand, up to **31.03.2027**. Desirous candidates fulfilling the eligibility criteria should appear for Walk-in-Interview with their application in the prescribed format giving full details of academic records and experience along with original and attested photocopies of the relevant documents with recent photograph on **09.10.2026** at **9.30 A.M.** at this Institute. The Walk-in-Interview for the following post will be held at **11.00 A.M.** onwards.

Sl. No.	Name of the post	No. of posts	Consolidated Salary per month (INR)
1.	Accountant (Equivalent to Project Technical Support - I)	01 (UR)	23,400/-

Eligibility for Sl.No.I: Three-year Graduate Degree with Minimum one year of post-qualification experience in project accounting, financial documentation or data entry in a government/academic/research/NGO setting. **Maximum age limit:** 30 years.

Age relaxation for the above posts:

Age is relaxable in accordance with the instructions or orders issued by the Government of India time to time.

Cut-off date for age determination will be date of Interview.

Mishra
01/10/2026
Director
CIP, Ranchi.

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 (09.10.2026) :
7. Whether SC/ST/OBC/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