



GOVERNMENT OF WEST BENGAL  
OFFICE OF THE DISTRICT MAGISTRATE & COLLECTOR  
DISTRICT CHILD PROTECTION UNIT, ALIPURDUAR

"DOOARS KANYA" – Integrated Administrative Building

Po – Alipurduar Court, Dist – Alipurduar, Pin – 736122

Memo no. 1988/xxiv-DCPU/xii/16/04/20-21

Date: 30/09 / 2020

NOTICE INVITING APPLICATIONS

Applications are invited on prescribed format attached herewith (Annexure-A) from the eligible candidates for serving as Mental Health Experts to the children in CCIs as and when required and guide the Counsellors of CCIs, DCPU, JJB and CWC. These Mental Health Experts may be **Psychiatrists or RCI registered Clinical Psychologists** who are willing to work in this field. An honorarium of Rs.800/- Rs.1500/- per hour for their service may be paid to them from ICPS fund depending on qualification and experience. The applicant should be Citizen of India and resident of West Bengal preferably in Alipurduar district.

Eligible candidate shall apply on prescribed format as attached herewith.

➤ **Documents required:**

- i) Filled up application form as per prescribed format.
  - ii) Self-attested photocopies of Admit Card of Madhyamik or equivalent examination (Age proof), mark sheet of MP, HS, Degree course and Masters Degree.
  - iii) Self-attested Professional course certificate.
  - iv) Experience Certificates must consist of name of the post, employing organization's name, employee's name, date of joining and date of leaving; otherwise experience certificate will be treated as invalid.
  - v) Candidature will be cancelled if candidate fails to submit any requisite document(s) on demand.
- **Last date of receiving Application: 13<sup>th</sup> November, 2020 up to 05:30 P.M.**
- The envelope Containing the application & above noted documents have to be dropped in the Box kept in the **Office of the District Magistrate & Collector, District Child Protection Unit, Alipurduar, "DOOARS KANYA"- Integrated Administrative Building, Room No.- 114, P.O. – Alipurduar Court, Dist. – Alipurduar, Pin – 736122** at Alipurduar with superscripting the words "Application for serving to ICPS in respect of Mental Health."

District Social Welfare Officer  
Alipurduar

Memo no. 1988/1(16)/xxiv-DCPU/xii/16/04/20-21

Date: 30/09 / 2020

Copy forwarded for information and publication on Notice Board to:

1. The Director, Child Rights and Trafficking. Govt. of West Bengal.
2. The Additional District Magistrate (General), Alipurduar.
3. The Additional District Magistrate and AEO, Zilla Parisad, Alipurduar.
4. The Sub-Divisional Officer, Alipurduar.
5. The Officer in-Charge (Child Protection), Alipurduar.
6. The District Social Welfare Officer, Alipurduar.
7. The Block Development Officer, Alipurduar – I / Alipurduar – II / Falakata / Kalchini / Kumargram / Madarihat – Birpara Development Block.
8. The DIO, NIC, Alipurduar with request to upload this to the District Website.
9. CA to the District Magistrate, Alipurduar.
10. CA to the Additional District Magistrate (Social Welfare), Alipurduar.
11. Office file.

District Social Welfare Officer  
Alipurduar

## Application Form

### Annexure-A

To  
The District Magistrate  
Alipurduar

Paste recent colour  
passport size photo  
of the candidate  
with his/her full  
signature thereon

### Application for enlisting as Psychiatrist or Clinical Psychologist:

1. **Name of the Applicant (In Block Letters):** \_\_\_\_\_  
[Name as recorded in the Matriculation/Secondary Examination Certificate]
2. **Father's/Husband's Name** : \_\_\_\_\_
3. **Sex** : \_\_\_\_\_
4. **Date of Birth: (dd/mm/yyyy)** : \_\_\_\_/\_\_\_\_/\_\_\_\_  
[Date of Birth as recorded in the Birth Certificate issued by the competent Authority/ Madhyamik/ Seondary Examination/ School Leaving Certificate]
5. **Age** : \_\_\_\_\_ [Age as on date of advertisement]
6. **Caste** : **General/SC/ST/OBC-A/OBC-B** (Tick the right one & annex self attested copy of caste certificate issued by the competent authority.)
7. **Religion** : \_\_\_\_\_ **Nationality:** \_\_\_\_\_
8. **Mobile No.** : ..... [Mandatory]
9. **Email ID** : ..... [Mandatory]
10. **Permanent Address** : Vill./Street \_\_\_\_\_ P.O.: \_\_\_\_\_  
Block/Muni.: \_\_\_\_\_ P.S.: \_\_\_\_\_  
District: \_\_\_\_\_ Pin.: \_\_\_\_\_
11. **Present Address** : Vill./Street \_\_\_\_\_ P.O.: \_\_\_\_\_  
Block/Muni.: \_\_\_\_\_ P.S.: \_\_\_\_\_  
District: \_\_\_\_\_ Pin.: \_\_\_\_\_

[Attach self attested copy of AADHAR & EPIC]

12. **Educational Qualification:** [Mention from Matriculation and upwards & attach self attested copy]

Sl. No.	Name of Exam./ Diploma/Degree/ Course	Year of passing	University/Board/ Institute	Full marks	Marks obtained	% of Marks obtained
1						
2						
3						
4						
5						
6						

13. **Details of post qualification experiences:** (Attach attested copy of Experience Certificate)

Sl. No.	Name of Organisation	Designation	Govt./Private/NGOs	Period	
				From (date)	To (date)
1					
2					
3					
4					

13. **Professional Qualification: (Psychiatrist or Clinical Psychologist)** (Attach attested copy of Experience Certificate)

Sl. No.	Psychiatrist / Clinical Psychologist	Passed from University/Board/ Institute	Institute at Which presently attached	Working Experience	RCI Registration Number / MCI Registration Number	Experience in Child Psychologist (in years)
1						
2						

**Declarations:**

I do hereby declare that all the statements made by me in the applications are true and complete to the best of my knowledge and belief. I also understand that in case any of my statement is found false or incorrect during any stage, it shall disqualify me and / or I shall be liable for any other action that may be taken under the extant rules.

Yours faithfully,

\_\_\_\_\_  
Signature of the Applicant

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