

**PROFORMA FOR COLLEGE-INFORMATION REGARDING FEE, BOND- CONDITIONS ETC.
(FOR POST-GRADUATE COURSES FOR ACADEMIC SESSION 2013-14)**

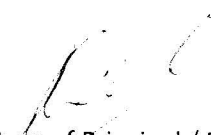
NAME OF GOVT. MEDICAL COLLEGE/INSTITUTION: **LOKOPRIYA GOPINATH BORDOLOI REGIONAL
INSTITUTE OF MENTAL HEALTH**
STATE: **ASSAM** CODE NO.: 668

1. Date of start of Session : 1st of May
2. Annual fee for **AIQ candidates** : Rs. 9000/- for admission
Consolidated amount to be paid at : Copy Enclosed (Annexure - I)
the time of admission:
3. Stipend paid to MD/MS/PG Diploma/MDS students : As per residency scheme of
(Specify clearly if any P.G. courses are : Govt. of India.
Non-stipendiary against the subject in
Annexure –I also)
4. (A) Hostel facility for male students : Yes
(B) Hostel facility for female students : Yes
(C) Monthly Hostel dues : Fixed by the mess committee
5. Name of Dean/Principal/Director : Dr. Sailendra Kumar Deuri
Mob: 9435080392
Tele Nos. (i) Office : 03712-232652
Tele Nos. (ii) Residence : 03712-220463
E-mail address : skdeuri@sify.com
Fax No. : 03712 - 233623
6. Name of Secretary (Medical Education / Health) : Shri. P K Pradhan
Office address : Secretary, Ministry of Health &
Family Welfare, Govt. of India.
Tel No./Fax No.: : 011-23061863, 23063221
Fax : 011-23061252
7. Name of the Director Medical Education : Dr. Debajit Hazarika
Office address: Director of Medical Education
Assam
Six mile, Khanapara, Guwahati-22
Tel No./Fax No.: : 0361- 2366236
8. Bond if any, (A) Indicate the term & conditions : Bond to be executed for payment
(B) Copy of Bond / Agreement proforma : of Rs. 5 lacs to the Institute in the
(to be enclosed) : event of discontinuation of the
 : courses
 : Bond Copy Enclosed (Annexure–II)

Note:- Any additional State Condition shall not be Applicable to All India Quota candidates. As per supreme Court directions it is not open to any State to fix any additional eligibility criteria in Cases of candidates who fall under the All India Quota vide its order dated 27/7/01 in I.A. No. 9-13 in Civil Appeal 1944/93

9. The amount of fee to be reimbursed on re Allocation of seat to the candidates in 2nd /3rd Round of PG counseling : The whole amount is refundable
10. Website Address of the College site : www.lgbrimh.org
10. Any other relevant information :

Official Seal


Signature of Principal / Dean/ Director

Name: **Dr. Sailendra Kumar Deuri**

Designation: **Director**

Date:

**BOND TO BE EXECUTED BY A SELECTED CANDIDATE WHILE
JOINING MD COURSE AT LGBRIMH, TEZPUR**

(To be executed on Non-Judicial Stamp Paper worth of Rs. 50/- or appropriate value in case of
state other than Assam)

KNOWN ALL MEN BY THESE PRESENTS THAT I, Dr. _____ S/O _____ resident of Vill- _____, P.O. _____, in the District of _____ having been selected to MD course in Psychiatry at the LGB Regional Institute of Mental Health, Tezpur do hereby bind myself, my heirs and sureties to pay to the Director, LGBRIMH, Tezpur (Hereinafter called the "Government") on demand the sum of Rs.5,00,000/- (Rupees five lakh only) by the LGBRIMH, Tezpur.

WHEREAS I, Dr. _____, am selected for pursuing MD course in psychiatry for a duration of _____ years from _____ to _____ at LGBRIMH, Tezpur;

AND WHEREAS for the better protection of the interest of LGBRIMH, I have agreed to execute this Bond with such condition/s as hereunder is/are written:

NOW THE CONDITION OF THE ABOVE WRITTEN OBLIGATION IS THAT in the event of my failing to complete the study, or resigning or discontinue before completion of tenure of the course or otherwise quitting the course; and found guilty of any insubordination, interference or other misconduct or breach or non-performance or violation of any rules pertaining to the Institute and affiliating University; and refuse to serve the Institute as Senior Resident for a period of 2-3 years after successful completion of the study - if required by the Institute, I shall forthwith pay to the Institute or as may be directed by the Director, LGBRIMH, Tezpur, on demand the said sum of Rs.5,00,000/- (Rupees five lakh only).

AND upon my making such payment, the above written obligations shall be void and no effect, otherwise it shall be and remain in full force and virtue.

AND all my original certificates as mentioned below which are at the custody of the LGBRIMH, Tezpur will not be returned to me unless and until I fulfill the above WRITTEN OBLIGATION.

- a) Certificate showing date of birth.
- b) Permanent Residence Certificate.
- c) Other Backward Classes (OBC) certificate as per the prescribed format issued by the competent authority. The OBC certificate clearly indicates that the candidate does not belong to any one of the Creamy Layers.
- d) Schedule Caste/Schedule Tribe Certificate from the Competent Authority.
- e) Medical Certificate in case of Orthopedic Physically Challenged Candidates.
- f) Mark Sheets of 10 + 2 and MBBS examination.
- g) Certificate of the MBBS examination.
- h) Registration certificate issued by MCI or State Medical Council.

The Bond shall in all respects be governed by the laws of India for the time being in force and the rights and liabilities hereunder shall, where necessary, be accordingly determined by the appropriate Courts in India under Jurisdiction of Tezpur District Court, District: Sonitpur (Assam).

I sign and swear this Bond on this _____ day of _____ two thousand and eleven at _____.

Signed and delivered by _____

In the presence of

Witnesses 1 _____

2 _____

Complete Address _____

Complete Address _____

We the undersigned stand as sureties to the bond executed by Dr. _____ and undertake the liability to pay a sum of Rs. 5 lakhs (Rupees five lakhs only) on demand by the Director, LGBRIMH, Tezpur, Assam, in the event of failure of the executor to discharge the bond obligations.

Signature of Sureties:

a. Name:
Address:
Occupation:

b. Name:
Address:
Occupation:

Identified by me:
Advocate (with seal)

Sworn before me by the deponents being identified by Shri _____, Advocate.

Notary