



**NATIONAL INSTITUTE FOR EMPOWERMENT OF PERSONS  
WITH MULTIPLE DISABILITIES (DIVYANGJAN), (NIEPMD)**

(Dept. of Empowerment of Persons with Disabilities (Divyangjan), MSJ & E, Govt. of India)  
ECR, Muttukadu, Kovalam Post, Chennai - 603 112, Tamil Nadu  
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Website: [www.niepmd.tn.nic.in](http://www.niepmd.tn.nic.in) E-mail: [niepmd@gmail.com](mailto:niepmd@gmail.com)

**VACANCY NOTIFICATION : CONSULTANT (TEMPORARY) No. 26/2020**

**Date : 29. 09. 2020**

The Director, NIEPMD, Chennai invites applicants for a walk-in interview/selection process to engage Faculty Members (Consultants) in Occupational Therapy unit for the Dept. of Therapeutics.

**Venue: NIEPMD, East Coast Road, Muttukadu, Chennai-603 112.**

**Date: 16. 10. 2020**

**Time: 11.00 AM (Room No. 52, Dept. of Therapeutics, 1<sup>st</sup> Floor NIEPMD)**

<b>Name of the Position</b>	<b>No. of Vacancies</b>	<b>Qualification</b>	<b>Remuneration</b>
Sr. Lecturer in Occupational Therapy (Consultant)	01	<b>Essential:</b> i. Master in Occupational Therapy. (Full Time) ii. Minimum 3 years of experience in teaching/ research in the field of rehabilitation. <b>Desirable:</b> Possessing any RCI recognized qualification.	Rs. 39,600/- per month (Consolidated)
Lecturer in Occupational Therapy (Consultant)	01	<b>Essential:</b> Master in Occupational Therapy. (Full Time) <b>Desirable:</b> Possessing any RCI recognized qualification.	Rs. 36,000/- per month (Consolidated)
Tutors (Consultants)	02	<b>Essential:</b> i. Bachelor in Occupational Therapy. (Full Time) ii. Minimum two years of experience in the relevant field. <b>Desirable:</b> Possessing any RCI recognized qualification.	Rs. 30,800/- per month. (Consolidated)

**Note:**

- This engagement will be purely temporary and only for a period of 11 months and the engagement will cease after the 11<sup>th</sup> month without any notice. Renewal of engagement for further 11 months is subject to project need and performance.
- The incumbent will be paid consolidated honorarium only. No other allowances such as DA/ HRA/ MA/ GPF/ NPS and other allowance will be admissible.
- The incumbent will have **NO RIGHT** to claim for any regularization or extension/ renewal of engagement in any circumstances.
- Candidate to bring filled in application in the prescribed format (Attached).
- Candidates to report with all testimonials/certificates in original and one set of self-attested true copies. Two passport size photographs. Aadhar or any valid ID proof.
- The Candidates are requested to report at Room No. 52, I<sup>st</sup> Floor, Department of Therapeutics before 11.00 A.M on 08.10.2020 .

**Sd/-**  
**DIRECTOR (Offg.)**  
**NIEPMD**



**National Institute for Empowerment of Persons with Multiple Disabilities**

**(Dept. of Empowerment of Persons with Disabilities (Divyangjan),**

**Ministry of Social Justice & Empowerment, Govt. of India)**

**East Coast Road, Muttukadu, Kovalam (Post), Chennai-603 112.**

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**Toll Free No: 18004250345**

Website: [www.niepmd.tn.nic.in](http://www.niepmd.tn.nic.in)

E-mail: [niepmd@gmail.com](mailto:niepmd@gmail.com)

### Application form

Recent Passport size Photograph (5 cm X 4.5 cm) to be affixed & attested

Post Applied For:

1. Advertisement No/Date:

2. Name in Applicant:  
(in full Block Letters):

D D M M Y Y Y Y

3. Date of Birth:  
(enclose Copy of Certificate)

4. Citizenship Status :  
(Please Tick)

Citizen of India By Birth  By Domicile

5. Aadhaar No:

6. RCI/MCI Registration No:  
(Applicable in case of Faculty & Technical Positions)

7. Name of Father/Spouse:

8. Nationality:

Indian  Foreign  NRI

9. Gender:

Male  Female  others

10. Category :  
(Attach certificate)

SC  ST  OBC  General  Ex-Service man

11. Are you Persons with Disability: Yes  No

Category

OH  VI  HI  others

(If yes, mention the category of Disability with relevant Certificate )





16. Why you think you are suitable for the post you have applied for (Details within one page):

17. Reference of three persons with whom you have interaction during your work or study period)

S.No	Names, Designation and Address with Phone No & Mail ID
1	
2	
3.	

18. Any other relevant information the applicant want to mention, if any (attach additional sheets if necessary):

**DECLARATION OF THE APPLICANT**

I hereby declare that the information given above is correct to the best of my knowledge and belief and I fully understand that if it is found at a later date that any information given in the application is incorrect / false or if I do not satisfy the eligibility criteria, my candidature / appointment is liable to be cancelled / terminated.

Place :

Date :      
D D M M Y Y Y Y

Signature of the Applicant