



**NATIONAL INSTITUTE FOR EMPOWERMENT OF PERSONS WITH
MULTIPLE DISABILITIES (Divyangjan)**
(Dept. of Empowerment of Persons with Disabilities (Divyangjan),
Ministry of Social Justice & Empowerment, Govt. of India)
Muttukadu, East Coast Road, Kovalam (P.O), Chennai - 603 112
Tamil Nadu - India. Phone: 044 - 27472046, 27472104, 27472113, 27472423
~ Accredited by NAAC ~ ~ ISO 9001:2015~



VACANCY NOTIFICATION: CONSULTANT No. 11 /2023

Date: 02.03.2023

NIEPMD invites applications from eligible candidates for the below said contractual post. This position will be filled up on contractual basis for a period of 11 months. Details are furnished below:

Sl. No.	Name of the Position	No. of post	Qualification	Remuneration
1.	Assistant Professor (Prosthetics & Orthotics) (Consultant)	01 (11 month contract basis)	Essential: 1. Master in Prosthetics & Orthotics (MPO) with two (02) year experience on the field. 2. The candidate must have valid RCI CRR No. Desirable: 1. Teaching experience in BPO/MPO students.	Rs. 44,000/- per month (Consolidated Pay)

Note:

- The post will be filled purely on contractual basis.
- The period of contractual engagement as consultant will be for 11 months. The selected candidate will be entitled to only the lump sum monthly consolidated remuneration as mentioned against each post. No other allowances such as Dearness allowance/House rent allowance/Medical allowance/GPF/NPS and other allowances entitled for Government servant will be paid.
- Duration of Ph. D will be considered as Experience as per UGC guidelines. Application fee of Rs. 500/- for each post in the mode of Demand Draft made in favor of Director, NIEPMD, payable at Chennai need to be enclosed. No fee is prescribed for candidates belonging to SC/ST/PH category and Female candidates.
- NIEPMD will retain data of applications received from non-shortlisted candidates only for a period of six months after completion of recruitment process i.e., the issuance of offer letter to the selected candidate.
- The envelope containing application should be superscribed "Application for the position of _____".
- Bringing in any type of Political/Official interference, influence, canvassing, other pressures in any form etc., will render disqualification of the candidature and action as deemed fit will be taken against such candidates. No correspondence in this matter is entertained.

APPLICATION FORM DULY FILLED SUPPORTED WITH SELF-ATTESTED PHOTOCOPIES SHOULD BE SUBMITTED WITHIN 21 DAYS FROM PUBLISHING OF THE VACANCY NOTIFICATION IN THE WEBSITE. (ie., Last date for submission of application is 23.03.2023)

Sd/-
DIRECTOR
NIEPMD(D)



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Tele – Fax : +91-44-27472389, Telephone : 27472104, 27472113.
Toll Free No: 18004250345**

Website: www.niepmd.tn.nic.in

E-mail: niepmd@gmail.com

Application form

Post Applied For:

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

1. Advertisement No/Date:
2. Name in Applicant:
(in full Block Letters):
3. Date of Birth:
(enclose Copy of Certificate)

D D	M M	Y Y Y Y
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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 : SC ST OBC General Ex-Service man
(Attach certificate)
11. Are you Persons with Disability: Yes No OH VI HI others
(If yes, mention the category of
Disability with relevant Certificate)

Category

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