



**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
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VACANCY NOTIFICATION: CONSULTANT No. 25/2022

Date: 17.06.2022

The Director, NIEPMD, Chennai invites applicants for a walk-in interview/selection process to engage part time faculty on contract.

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

Date: 28.06.2022

Time: 11.00 AM

(Room No. 52, 1st Floor, Dept. of Therapeutics, NIEPMD)

Sl. No.	Name of the Position	No. of Vacancy	Qualification	Remuneration
1.	Asst. Professor in Anatomy (Part Time) (On contract)	01	<u>Essential:</u> 1. MD Anatomy (or) M.Sc. Anatomy. <u>Desirable:</u> 1. 3 years of teaching experience. 2. Teaching to allied health courses.	Rs. 500/- per hour.

Note:

- This engagement will be purely on temporary basis.
- The incumbent will be paid honorarium for number of hours lecture delivered 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 before 11.00 A.M on **28.06.2022**.

Sd/-
DIRECTOR
NIEPMD

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