

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 ON CONTRACT (TEMPORARY) No. 07/2021

Date: 11.10.2021

The Director, NIEPMD, Chennai invites applicants for a walk-in interview/selection process to engage staff Members on contract in the Dept. of Therapeutics.

<u>Venue:</u> NIEPMD, East Coast Road, Muttukadu, Chennai-603 112.

Date: 27.10.2021

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

Name of the Position	No. of post	Qualification	Remuneration
Lecturer	01	Essential:	Rs. 36,000/- PM.
(Consultant)	(11 Months)	1. Master of Occupational	(Consolidated)
On contract		Therapy.	
		Desirable:	
		1. Two years' experience in	
		Teaching/ Research.	
Tutor (Consultant)	01	Essential:	Rs. 30,800/- PM.
On contract	(11 Months)	 Bachelor in Occupational Therapy. Minimum two years of experience in the relevant field. Desirable: Possessing any RCI recognized qualification. 	(Consolidated)
Clinical Therapist (Consultant) On contract	02 (89 days)	Essential: Bachelor in Occupational Therapy Desirable: Possessing any RCI recognized qualification.	Rs.375/- Per session (375 x 04 sessions a day for 20 days)
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Note:

- This engagement will be purely temporary and only for a period of 11 months / 89 days and the engagement will cease after the 11th month for Tutor/Lecturer & 89 days for Clinical Therapist without any notice. Renewal of engagement for further 11 months & 89 days 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 selfattested true copies. Two passport size photographs. Aadhar or any valid ID proof.
- The Candidates are requested to report before **11.00 A.M** on 27.10.2021.

Sd/-Dy. Registrar – Admin. (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.

 $\label{eq:Tele-Fax: +91-44-27472389} Telephone: 27472104, 27472113.$

Toll Free No: 18004250345 Website: www.niepmd.tn.nic.in E-mail: niepmd@gmail.com **Application form** Recent Passport size Photograph (5 cm X 4.5 cm) to **Post Applied For:** be affixed &attested 1. Advertisement No/Date: 2. Name in Applicant: (in full Block Letters): YYYY D D M_M 3. Date of Birth: (encloseCopy of Certificate) 4. Citizenship Status: Citizen of India By Birth By Domicile (Please Tick) 5. Aadhaar No: 6. RCI/MCI Registration No: (Applicable in case of Faculty &Technical Positions) 7. Name of Father/Spouse: NRI Indian Foreign 8. Nationality: 9. Gender: Female others Male SC ST OBC General Ex-Service man 10. Category: (Attach certificate) Category 11. Are you Persons with Disability: Yes No ОН others (If yes, mention the category of

Disability with relevant Certificate)

12. Address for Communication: House No & Street Name	
Village/City:	
District:	
Post Office:	
State:	
Pin-code:	
Phone No(Land Line):	
Mobile No:	
Email Id:	

13.Details of Education starting from Matric (SSLC/X Std.,) onwards :- (to give details only onpassed courses &where Degree/Certificates etc., are already awarded/issued):

Academic Qualification	Discipline	University /Inst/Board	Year & Month of Entry	Year & Month Passed	Full Time/Part Time/Correspondence	% of Marks

14. Additional Qualification / Certificate Courses if any (Training, Apprentice programs attended, refresher courses completed etc.)

Course	Duration	Certificate/ Organization	Whether Govt authorized/recognized	Class/Mark/details

15. Experience in chronological order upto the present post: (Attach a separate sheet if required)

Name of Organization/	Designation/ Post held	whether on Regular Basis or on Deputation or on Contract Basis etc.,)	Salary drawn (Pay band + G.P to be mentioned in case of Govt. organization)	From	То	Nature of Work presently dealing with(attach proof/experience certificate	Total period of Exp in Years & Months

	hy you think you are suitable for the post you have applied for (Detain one page):	ls
	ferenceof three persons with whom you have interaction g your work or study period)	
S.No	Names, Designation and Address with Phone No & Mail ID	
1		
2		
3.		
	ny other relevant information the applicant want to mention, if any (at s if necessary): DECLARATION OF THE APPLICANT	ttach additional
inform	I hereby declare that the information given above is correct to edge and beliefand I fully understand that if it is found at a lateration given in the applicationis incorrect / false or if I do not sation, my candidature / appointment is liableto be cancelled / terminated	er date that any isfy the eligibility
Place	:	

Signature of the Applicant

Date :

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