

## NATIONAL INSTITUTE FOR EMPOWERMENT OF PERSONS WITH MULTIPLE DISABILITIES (NIEPMD) (Dept. of Empowerment of Persons with Disabilities (Divyangjan), MSJ & E, Govt. of India) ECR, Muttukadu, Kovalam Post, Chennai - 603 112, Tamil Nadu Fax: 044-27472389 Tel: 044-27472104, 27472113&27472046, 27472104, 27472423, Toll Free No: 18004250345

Website: www.niepmd.tn.nic.in E-mail: niepmd@gmail.com

### VACANCY NOTIFICATION: FACULTY MEMBER (TEMPORARY) NO. 06/2020 FOR COMPOSITE REGIONAL CENTRE FOR SKILL DEVELOPMENT, REHABILITATION AND EMPOWERMENT OF PERSONS WITH DISABILITIES (CRC), KOZHIKODE, KERALA Date: 05. 02. 2020

The Director, NIEPMD, Chennai invites applicants for a walk in interview/selection process for engagement in Occupational Therapy (Consultant) for the Composite Regional Centre for Skill of a Lecturer Development, Rehabilitation and Empowerment of Persons with Disabilities, (CRC)Kozhikode, Keralaon contract basis.

### Venue :NIEPMD, DEPwD, MSJ&E, GOI, Muttukadu, Chennai - 603 112.

### Date : 25<sup>th</sup> February 2020

Time : 10.00 AM. (Room No. 52, Dept. of Therapeutics, 1<sup>st</sup>Floor NIEPMD)

Position	Eligibility	Hon. Per Month
Lecturer - 01 (Occupational Therapy) (Consultant)	<ul> <li>Essential: <ol> <li>Master's in Occupational Therapy with specialization in Orthopaedics/ Paediatrics / Neurology/ Developmental Disorder/ Mental Health / Rehabilitation from a recognized Institute. (Full Time)</li> <li>Minimum 3 years of experience in teaching/research in the field of rehabilitation.</li> </ol> </li> <li>Desirable: <ol> <li>Possessing any RCI recognised qualification.</li> </ol> </li> </ul>	Rs. 50, 000/- Consolidated.

Note:

- This engagement will be purely temporary for a period of 06 months.
- The incumbent will be paid honorarium on monthly basis. 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 10.00 AM on 25<sup>th</sup> February 2020 at Room • No. 52, Dept. of Therapeutics, 1<sup>st</sup>Floor NIEPMD.

Sd/-DIRECTOR



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

Website: <u>www.niepmd.tn.nic.in</u>

E-mail: niepmd@gmail.com

	Recent Passport size Photograph				
	Post Applied For:		(5 cm X 4.5 cm) to be affixed &attested		
1.	Advertisement No/Date:				
2.	Name in Applicant: (in full Block Letters):				
-	Date of Birth: (encloseCopy 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-Servic	e man 🗌		
Category 11. Are you Persons with Disability: Yes No OH VI HI 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

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

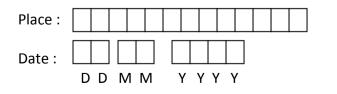
17.Reference of three persons with whom you have interaction during your work or study period)

S.No	Names, Designation and Address with Phone No & Mail ID
1	
2	
3.	
5.	
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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 beliefand I fully understand that if it is found at a later date that any information given in the applicationis incorrect / false or if I do not satisfy the eligibility criteria, my candidature / appointment is liableto be cancelled / terminated.



S	ignature of the Applicant	