

### 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 Fax: 044-27472389 Tel: 044-27472104, 27472113&27472046, 27472104, 27472423,

Toll Free No: 18004250345

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

### **Employment Notice No.13/2017**

NIEPMD invites applicants for **Walk-in-Selection** from Indian Nationals who fulfil the prescribed qualification, experience, age and other conditions for filling up the following non-sanctioned positions purely on contractual/outsourcing basis. The applicants are requested to fill the prescribed application form along with necessary self-attested documents is to be submitted at the time of interview.

Venue: NIEPMD, Muttukadu, Chennai-603 112. Date: 19/01/2018.Time: 10.00 am.

The engagement of faculty on contractual/outsourcing basis will be initially of a period of 01 (one) year, performance reviewed on every semester basis and the period of engagement on contract/outsourcing basis restricted to a maximum period of 02 (two) years.

The engagement of faculty on contract/outsourcing for providing services for ADIP scheme implementation and depending upon the other academic/research activities of the Institute.

	implementation and depending upon the other academic/research activities of the institute.					
S.N	Name of the Post	No. Of post	Essential Qualifications			
1	Rehabilitation Officer(ADIP)	(Contractual)	<ol> <li>Master in Prosthetics and Orthotics (MPO) from the RCI recognized institution/ College with valid RCI certificate.</li> <li>FAILING WHICH,</li> <li>Master in Speech Language Pathology (MASLP) from the RCI recognized institution/ College with valid RCI certificate.</li> <li>FAILING WHICH,</li> <li>Master in Physiotherapy</li> <li>FAILING WHICH,</li> <li>Master in Occupational Therapy</li> </ol>			

#### Note:

- 1. The consolidated pay can be fixed as desired by the Competent Authority.
- 2. Read all the instruction given as below before filling up of the application and submission.

#### Important notes and requirements:-

- 1. The applicant must be a citizen of India.
- 2. The applicants claiming experience should submit the latest experience certificate issued by the present employer.
- 3. The decision of the appointing authority will be final and binding in all aspects.
- 4. Bringing in any type of 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 candidate.
- 5. No correspondence or Phone calls in this matter is entertained.

--SD— Director, NIEPMD



# National Institute for Empowerment of Persons with Multiple Disabilities (Divyangjan) (NIEPMD)

(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. Website: <a href="https://www.niepmd.tn.nic.in">www.niepmd.tn.nic.in</a>E-mail: <a href="mailto:niepmd@gmail.com">niepmd@gmail.com</a>

Toll Free No: 18004250345

## Application form

		(Advt No. 13/2017)	Docent Perspert		
Post	Applied For:		Recent Passport size Photograph (5 cm X 4.5 cm) to		
	(On Contract)		be affixed &attested		
1.	Name in Applicant: (in full Block Letters):				
2.	Date of Birth: (Enclose Copy of Certificate)	D D M M Y Y Y Y Age			
3.	Citizenship Status: Citizen of Ir (Please Tick)	ndia By Birth By Domicile			
4.	Aadhaar No:				
5.	RCI/MCI Registration No: (Applicable in case of Faculty &Technical Positions)				
6.	Name of Father/Spouse:		]		
7.	Nationality:	Indian Foreign NRI			
8.	Gender:	Male Female others			
9.	Category: (Attach certificate)	SC ST OBC General Ex-	Service man		
10	. Are you Persons with Disability (If yes, mention the category of Disability with relevant Certific	of U			

11. Address for Communication	:		 	 	 	 	 		_	 
House No & Street Name										
Village/City:										
District:										
Post Office:										
State:										
Pin-code:										
Phone No(Landline) :							]			
Mobile No:										
Email Id:										

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

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

# 13. 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

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

Name of Organization/	Designation/ Post held	State 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 (date/ month/ Year	To (date / month/ Year)	Nature of Work presently dealing with(attach proof/experience certificate	Total period of Exp in year & months

15. Innovative, Developmental works undertaken & significant achievements: (If applicable) (Enclose supporting documents)

S.No	Particulars	Number
1	Patent	
2	Publication of Books	
3	Publication of articles in Indian Journals	
4	Publication of articles in International Journals	
5	Projects	
6	Paper Presentations in Seminar/Conference/Workshop	
7	Membership of Professional Bodies/Universities	

- 16. Why you think you are suitable for the post you have applied for (Details within one page attach separately):
- 17. Reference of three persons with whom you have interaction during your work or study period)

S.No	Names, Designation and Address	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 be	lief and I fully understand that if it is found a	t a later date that any information given in the
applica	tions incorrect / false or if I do not sati	sfy the eligibility criteria, my candidature /
appoin <sup>1</sup>	tment is liable to be cancelled / terminated.	
Place:		
Date:		Signature of the Applicant
	DD MM VVVV	