

Note: 1. S.No: 1\& 2 preference will be given to S.No. 2 (Speech Therapist), If not available S.No. 1 will be considered.
2. S.No. 3 \& 4 preference will be given to S.No. 3 (Occupational Therapist), If not available S.No. 4 will be considered.
3. The fixed honorarium payable will be calculated based on the actual number of Days engaged in a month.
4. No other allowances, advances, perks etc., are admissible.

## Important notes \&requirements:-

1. The applicant must be a citizen of India.
2. Application form as per the prescribed format given in our website, duly supported with attested photocopies of the complete certificates shall be submitted on or before $\mathbf{2 1}{ }^{\text {st }}$ November 2016 to "The Director, National Institute for Empowerment of Persons with Multiple Disabilities (NIEPMD), ECR, Muttukadu, Kovalam(PO), Chennai = $\mathbf{6 0 3}$ 112. The Applications received late will not be considered.
3. Separate application should be submitted for each post. The envelope containing the application should be super scribed as "Application for empanelment of professionals for A\&N Centre of NIEPMD" and sent to the above address by Speed / Registered post /Courier etc.
4. The Management reserves the right to consider empanelling only those candidates who according to its decision rank high in term of eligibility criteria among the applications received and mere possessing the EQ / DQ and experience will not entail any candidate a right to be considered for empanelment. The final empanelled list as suggested by the duly constituted screening committee shall be published in our official website. .
5. The decision of the competent authority of NIEPMD will be final and binding in all aspects.
6. 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.
7. No correspondence in this matter is entertained. Any interim correspondence will not be entertained and replied to.

National Institute for Empowerment of Persons with Multiple Disabilities (NIEPMD)
(Dept. of Empowerment of Persons with Disabilities (Divyangjan) Ministry of Social Justice \& Empowerment, Govt. of India], ECR, Muttukadu,

Kovalam(PO),Chennai - 603112.

## APPLICATION FORMAT

Application for the empanelment of professionals at NIEPMD, Andaman \&Nicobar Extension Centre.

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

## Post Applied for:

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| 1. Advt No/ date | A\&N Extn.-2/2016 |
| :---: | :---: |
| 2. Name in Full :(Capital Letters) (as in Matric/Degree Certificate) |  |
| 3. Date of Birth: (enclose copy of matric certificate) |  |
| 4. Citizenship Status: | Citizen of India : By Birth/By Domicile (Pls tick) |
| 5. RCI Registration No. (If applicable): |  |
| 6. Member of Scheduled Caste (SC) / Tribe (ST) / Other Backward Class (OBC) / Person with Disability (PwD) etc., | Write SC or ST or OBC (Attach certificate) Indicate if Ex-Serviceman (ES) or Person with Disability (PWD) |
| 7. Address for Communication (with contact Number\& email id): |  |
| 8. Permanent residential Address (with contact Number\& email id): |  |
| 9 Name of Father / Husband: |  |

10. 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 <br> Qualification | Discipline | University <br> /Inst/Board |  <br> Month <br> of <br> Entry |  <br> Month <br> of <br> Passed | Full Time/Part <br> Time/Correspondence | Marks <br> /Class/ <br> Division. |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- |
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11. Experience in chronological order upto the present post


## IMPORTANT NOTE :-

1. If space is insufficient, shall enclose in separate sheet in the above format.
12.Additional Qualification / Certificate Courses if any (Training, Apprentice programs attended, refresher courses completed etc.,)

| Course | Duration | Certificate/ <br> Organisation | Whether Govt <br> authorized/recognized | Class/Mark/details |
| :--- | :--- | :--- | :--- | :--- |
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13. (a) Details of Present Employment with complete : (Mention Details as whether on Regular or on Deputation or on Contract basis etc.,)
(b) Nature of present work \& responsibility held : (* please refer to the Important Note at Srl. 10 above)
(c) Time required to join if offered the post :
14. Explain how you are suitable for the post

Applied for and why do you like to join
NIEPMD - Andaman \& Nicobar Extension Centre : Attach a one page write up
15. References:-

Names, Designation and Address with email ID \& contact details of three Referees / references (with whom you have interaction during your work or study period)
(a)
(b)
(c)
16. 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:
Signature of the Applicant With full name in Block letters

