

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



(Department of Empowerment of persons with Disabilities (Divyangjan),
Ministry of Social Justice & Empowerment, Govt. of India]
East Coast Road, Muttukadu, Kovalam (PO), Chennai – 603 112.

WALK-IN INTERVIEW on 31/05/18 & 01/06/18 (Advt. No.: 05/2018)

Hiring of faculty for the following post to be filled up on **Contractual session basis** at **NIEPMD, Chennai.**

Associate Professor – Clinical Psychology (01 post)

Qualification & Eligibility:

- M.Sc. (Psy) with M.Phil. in Clinical Psychology & Ph.D
- 5 Years' experience in the relevant area with valid CRR No (RCI Registration) + 03 publications in the Indexed Journal as a first / corresponding Author.

Experience gained after completion of M.Phil degree will only be considered

 Amount payable shall be as per actual number of sessions engaged; limited to 04 sessions a day (2 hours per session)

Date: 31/05/2018 & 01/06/2018

Time: 10.00 am to 1.00 pm

Venue: NIEPMD, Muttukadu, Kovalam, Tamil Nadu-603 112

Note: Ph.D submission certificate may be considered for walk-in interview.

Sd/-Director



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Ministry of Social Justice & Empowerment, Govt. of India)

East Coast Road, Muttukadu, Kovalam (Post), Chennai-603 112.

Tele – Fax : +91-44-27472389, Telephone : 27472104, 27472113,27472423

Toll Free No: 18004250345

Website: https://niepmd.tn.nic.in E-mail: niepmd@gmail.com Application for the Post of (On Contractual session basis) Recent Passport **Post Applied For:** size Photograph (5 cm X 4.5 cm) to be affixed &attested 1. Advertisement No/Date: 2. Name in Applicant: (in full Block Letters): D D MY Y Y Y3. Date of Birth: (enclose Copy 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: Indian 8. Nationality: NRI Foreign 9. Gender: Female others Male ST OBC General Ex-Serviceman 10. Category: (Attach certificate)

| 11. Are you Persons with Disability: (If yes, mention the category of Disability with relevant Certificate | ≘) | Υe | es | [| | No | C |)OH | H (|)VI | OI | HI (|) 0 | the | rs |
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| 12. Address for Communication: | | | | | I | 1 | I | I | | | I | l | | | |
| House No & Street Name | | | | | | | | | | | | | | | |
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13. 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 of Entry | Year & Month Pass | Full Time/Part Time/Correspondence | % of Marks |
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14. Additional Qualification / Certificate Courses if any (Training, Apprentice programs attended, refresher courses completed etc.)

| Course | Duration | Certificate/ | Whether Govt | Class/Mark/details |
|--------|----------|--------------|-----------------------|--------------------|
| | | Organization | authorized/recognized | |
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15. Experience in chronological order upto the present post:

(Attach a separate sheet if required)

| Name of | Designation/ | state | Salary drawn | From | То | Nature of Work | Total |
|---------------|--------------|--------------|-----------------|------|----|-------------------|-----------|
| Organization/ | Post held | whether | (Pay band + G.P | | | presently dealing | period |
| | | on | to be mentioned | | | with(attach | of Exp in |
| | | Regular | in case of | | | proof/experience | year & |
| | | Basis | Govt. | | | certificate | months |
| | | or on | organization) | | | | |
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16. Details of Publication:

| S.NO | Name of Journal/Book | Publisher | National/International | Authorship (1 st or 2 nd) | ISBN/ISSN | Year of Publication | Any other |
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17. Innovative, Developmental works undertaken & significant achievements: (Enclose supporting documents)

| S.No | Particulars | Number |
|------|--|--------|
| 1 | Patent | |
| 2 | Projects | |
| 3 | Paper Presentations in Seminar/Conference/Workshop | |
| 4 | Membership of Professional Bodies/Universities | |

18. Justify how you are suitable for the post you have applied and why do you like to join NIEPMD (Attached one page write up separately):

| ٦ | S.No | Names, Designation and Address | Phone No & Mail ID |] |
|--|-----------------|---|--|-------------------------|
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| sheets if r | | DECLARATION OF T | HE APPLICANT | |
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| and belie the applic appointm Place : [| f and catior | I fully understand that if it is found is incorrect / false or if I do not sa | I at a later date that an attisfy the eligibility crite. | ny information given ir |