

## NATIONAL INSTITUTE FOR EMPOWERMENT OF PERSONS WITH MULTIPLE DISABILITIES (Divyangjan)

(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

## Employment Notice No.15/2018

NIEPMD, Chennai invites applicants for walk in interview/selection process for BOT Course in the Department of Therapeutics at NIEPMD, Chennai from the eligible candidates for the following non-sanctioned position to be filled purely on contractual basis.

The engagement of faculty on contractual basis will be initially of a period of 11 months. The performance will be reviewed every semester and the period of engagement on contract basis is restricted to a maximum period of 11 months

The engagement of faculty on contract is based on the conduct / renewal / recognition of the HRD program (BOT course) and depending upon the other academic/research activities of the Institute.

## Venue:NIEPMD, DEPwD, MSJ&E, GOI, Muttukadu, Chennai-603 112.Date:10th September 2018 (Monday)Time:10.00 A.M

S/No.	Name of the Post	No. of Post	Consolidated pay (per month) ( no other allowance, perks or incentives are admissible)	Upper Age Limit as on last date of receipt of applications	Essential Qualifications & Experience required/Upper age limit	
1.	Lecturer in Occupational therapy (on contractual basis)	01 (One) (on contrac tual basis)	Rs.36,000/- per month (Rupees Thirty Six thousands only). (Consolidated Pay - No other allowance, perks and incentives are admissible.)	Not exceeding 45 years.	Essential Qualification(s) :- Master's degree in Occupational therapy with 55% specialization in Paediatrics/Neurology/Psychiatry/Developme ntal Disability/Rehabilitation from a recognized Institute. Minimum 3 yrs of experience in teaching / research in the field of rehabilitation of PwDs.	

Note:

- No application fee to be charged.
- Candidate to bring filled in application in the prescribed format.
- Candidates to report with all testimonials/certificates in original and one set of self-attested true copy.
- Two passport size photographs.
- Aadhar or any valid ID proof.

Sd/-DIRECTOR, 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. 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 🗌
(	Are you Persons with Disabili If yes, mention the category of Disability with relevant Certifica		y thers

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	