

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):

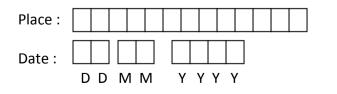
17.Reference of three persons with whom you have interaction during your work or study period)

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	