

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.in E-mail: niepmd@gmail.com

VACANCY NOTIFICATION : CONSULTANT (TEMPORARY) No. 20/2020 Date : 26.08.2020

The Director, NIEPMD, Chennai invites applicants for a walk-in interview/selection process to engage Faculty Members (Consultants) in the Dept. of Therapeutics.

 Venue:
 NIEPMD, East Coast Road, Muttukadu, Chennai-603 112.

 Date:
 04. 09. 2020

 Time:
 11.00 AM (Room No. 52, Dept. of Therapeutics, 1st Floor NIEPMD)

Name of the Position	No. of Vaca ncies	Qualification	Remuneration
		Essential:	
Lecturer in Physiotherapy (Consultant)	02	 Master in Physiotherapy. (Full Time) Minimum 3 years of experience in teaching/ research in the field of rehabilitation. Desirable: Possessing any RCI recognized qualification. 	Rs. 39,600/- per month (Consolidated)

Note:

- This engagement will be purely temporary and only for a period of 11 months and the engagement will cease after the 11th month without any notice. Renewal of engagement for further 11 months is subject to project need and performance.
- The incumbent will be paid consolidated honorarium only. No other allowances such as DA/ HRA/ MA/ GPF/ NPS and other allowance will be admissible.
- The incumbent will have **NO RIGHT** to claim for any regularization or extension/ renewal of engagement in any circumstances.
- Candidate to bring filled in application in the prescribed format (Attached).
- Candidates to report with all testimonials/certificates in original and one set of self-attested true copies. Two passport size photographs. Aadhar or any valid ID proof.
- The Candidates are requested to report at Room No. 52, Ist Floor, Department of Therapeutics before 11.00 A.M on 04.09.2020 .

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: <u>niepmd@gmail.com</u> [

	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 🗌		
Category 11. Are you Persons with Disability: Yes No OH VI HI others (If yes, mention the category of Disability with relevant Certificate)					

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):

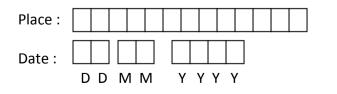
17.Reference of three persons with whom you have interaction during your work or study period)

S.No	Names, Designation and Address with Phone No & Mail ID
1	
2	
3.	

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	