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



(Accredited by NAAC) (ISO 9001: 2015)
[Dept. of Empowerment of Persons with Disabilities (Divyangjan), MSJ & E, GOI]
ECR, Muttukadu, Kovalam Post, Chennai - 603 112, Tamil Nadu
Fax: 044-27472389 Tel: 044-27472104, 27472113, 27472046
Website: www.niepmd.tn.nic.inE-mail: niepmd@gmail.com

COMPOSITE REGIONAL CENTRE FOR SKILL DEVELOPMENT, REHABILITATION AND EMPOWERMENT OF PERSONS WITH DISABILITIES (CRC), KOZHIKODE

Vacancy Notification: Consultants (Temporary) No. 36/2020 Date: 02.12.2020

Applications are invited from Indian Nationals eligible for engagement to the following temporary consultant position on contract basis at Composite Regional Centre for Skill Development, Rehabilitation and Empowerment of Persons with Disabilities (CRC), **Kozhikode** established to serve as resource centre in disability rehabilitation for all categories. These positions will be filled up on contractual basis for a period of 11 months.

Details are furnished below:

Sl. No	Name of the Post	No. of post	Salary (Consolidated – Fixed)	Qualifications & Experience
1.	Lecturer in Special Education (Consultant)	02 (Two)	Rs. 33,000/-	Essential: 1. Post graduate degree 2. M.Ed. (Special Education) / B.Ed. (Special Education)/D.Ed. in Special Education in ASD / Intellectual Disability. 3. Having 3 years experience of teaching after acquiring essential qualification. 4. Registration with RCI Desirable: 1. Ph.D in Special Education. 2. Publications.

IMPORTANT NOTE:

- The application form strictly as per the prescribed format given in NIEPMD / CRC-K
 website shall be downloaded and submitted neatly filled up either typed or
 handwritten and containing the complete details attached with certified copies of
 proof of age, caste, qualification etc., and a latest passport size photo affixed on the
 application form.
- 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.
- The incumbent will be paid a 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.
- Candidates to send applications in the prescribed format with self attested copies of their certificates. The envelop should be superscribed as "Application for the Position of Lecturer Special Education (Consultant)".
- Application filled in all respect should be sent as hard copy by post or courier to The Director, CRC Kozhikode, IMHANS Campus, Govt. Medical College Campus, Kozhikode -673 008 Kerala as to reach this office on or before 15th December 2020. No applications will be entertained after the stipulated date. E mail applications will not be entertained

Sd/-DIRECTOR (Offg.) NIEPMD

NATIONAL INSTITUTE FOR EMPOWERMENT OF PERSONS WITH MULTIPLE DISABILITIES (Divvangian) (NIEPMD)

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COMPOSITE REGIONAL CENTRES FOR SKILL DEVELOPMENT, REHABILITATION AND

EMPOWERMENT OF PERSONS WITH DISABILITIES (CRC), KOZHIKODE

Vacancy Notification Consultants (Temporary) No. 36/2020

	APPLICATION FORM				
	Post Applied For				
1.	Name of Applicant: (in full Block Letters):	D.D. M.M. V.E.A.B. Ass			
2.	Date of Birth: (Enclose Copy of Certificate)	D D M M Y E A R Age			
3.	Citizenship Status: Citizen (Please Tick)	of India By Birth By Domicile			
4.	Aadhaar No:				
5.	RCI/MCI Registration No: (Applicable in case of Faculty &Technical Positions)				
6.	Name of Father/Spouse:				
7.	Nationality: [Indian Foreign NRI			
8.	Gender:	Male Female others			
9.	Category: Service man (Attach certificate)	SC ST OBC General Ex-			
10. Are you Persons with Disability: Yes No OH VI HI others (If yes, mention the category of					
Disability with relevant Certificate)					
11.	Address for Communication: House No & Street Name Village/City: District:				
	Post Office:				

State:	
Pin-code:	
Phone No (Land Line):	
Mobile No:	
Email Id:	

12. 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 Passed	Full Time/Part Time/Correspondence	% of Marks

13. 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

14. Experience in chronological order upto the present post:-(Attach a separate sheet if required)

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
		Post held Regular Basis or on Deputation or on Contract	Post held Regular Basis (Pay band + or on G.P to be Deputation or on Contract case of Basis etc.,) Govt.	Post held Regular Basis (Pay band + or on G.P to be Deputation or on contract case of Basis etc.,) Govt.	Post held Regular Basis (Pay band + or on G.P to be Deputation or mentioned in on Contract case of Basis etc.,) Govt.	Post held Regular Basis (Pay band + or on G.P to be Deputation or on Contract case of Basis etc) Govt. presently dealing with(attach proof/experience certificate

15. Innovative, Developmental works undertaken & significant achievement (If applicable) (Enclose Supporting documents)

S.No	Particulars	Number
1	Patent	
2	Publication of Books	
3	Publication of articles in Indian Journals	
4	Publication of articles in International Journals	
5	Projects	
6	Paper Presentations in Seminar/Conference/Workshop	
7	Membership of Professional Bodies/Universities	

- 16. Why you think you are suitable for the post you have applied for (Details within one page)- attach separately):
- 17.Reference of three persons with whom you have interaction during your work or study period)

S.No	Names, Designation and Address	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
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:		
	D D M M V F A R	Signature of the Applicant