

National Institute for Empowerment of Persons with Multiple Disabilities (Divyangian)

An Autonomous Institute under Dept. of Empowerment of Persons with Disabilities,
Ministry of Social Justice & Empowerment, Govt. of India]
ECR, Muttukadu, Kovalam(PO), Chennai – 603 112.
Phone: 044-27472113, 27472046 Fax: 044-27472389

www.niepmd.tn.nic.in

Email:niepmd@gmail.com

Walk in Selection for engagement of Occupational Therapist for NIEPMD Extension Centre, Port Blair, Andaman & Nicobar Island Employment Notice No: 09/2018

NIEPMD is in the process of engaging professionals who are in possession of requisite qualification; experience and expertise in their field. Based on the credentials, a panel of professionals will be drawn by NIEPMD and their services will be utilized on need based requirement for providing services to Persons with Disabilities, conduct of long term & short term HRD programmes etc. The period of their contractual engagement, fixed honorarium payable etc., will be based on the relevant rules in vogue. The empanelment shall remain valid for a period of 01 years, which shall be curtailed as per the discretion of the Competent Authority.

The application form strictly as per the prescribed format given in our website to be downloaded and submitted neatly filled up either typed or handwritten and containing the complete details attached with certified/attested copies of proof of age, caste, qualification, experience from current employer etc., and a latest passport size photo affixed on the application form.

S.No	Name of the Post	Qualifications		
1	Occupational Therapist	BOT or equivalent		

Date of walk in selection	Venue & Timings
29.06.2018	NIEPMD,
	ECR, Muttukadu, Kovalam
	Post, Chennai-603112
	Time: 10.00 Am

Note: 1. Depending on the need of Beneficiaries, client flow & HRD activities, the number of professionals will be engaged on merit basis from the panel of Professionals.

2. The fixed monthly consolidated honorarium of Rs.36, 000 (Rupees Thirty Six Thousand only) will be paid. No other allowances, advances, perks etc., are admissible.

Important notes &requirements:-

- 1. The applicant must be a citizen of India.
- 2. Application form as per the prescribed format given in our website, duly supported with attested photocopies of the complete certificates shall be submitted for the walk in selection on 29.06.2018.
- 3. The Management reserves the right to consider empanelling only those candidates who according to its decision rank high in term of eligibility criteria among the applications received and mere possessing the EQ / DQ and experience will not entail any candidate a right to be considered for empanelment. The final empanelled list as suggested by the duly constituted screening committee shall be published in our official website.
- 4. The decision of the competent authority of NIEPMD will be final and binding in all aspects.
- 5. Bringing in any type of interference, influence, canvassing, other pressures in any form etc., will render disqualification of the candidature and action as deemed fit will be taken against such candidate.
- $6. \ No\ correspondence\ in\ this\ matter\ is\ entertained.\ Any\ interim\ correspondence\ will\ not\ be\ entertained\ and\ replied\ to.$

Sd/-Director



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.

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Toll Free No: 18004250345 Website: www.niepmd.tn.nic.in E-mail: niepmd@gmail.com **Application form** Recent Passport size Photograph (5 cm X 4.5 cm) to **Post Applied For:** be affixed &attested 1. Advertisement No/Date: 2. Name in Applicant: (in full Block Letters): YYYY D D M_M 3. Date of Birth: (encloseCopy 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: NRI Indian Foreign 8. Nationality: 9. Gender: Female others Male SC ST OBC General Ex-Service man 10. Category: (Attach certificate) Category 11. Are you Persons with Disability: Yes No ОН 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

	hy you think you are suitable for the post you have applied for (Detain one page):	ls
	ferenceof three persons with whom you have interaction g your work or study period)	
S.No	Names, Designation and Address with Phone No & Mail ID	
1		
2		
3.		
	ny other relevant information the applicant want to mention, if any (at s if necessary): DECLARATION OF THE APPLICANT	ttach additional
inform	I hereby declare that the information given above is correct to edge and beliefand I fully understand that if it is found at a lateration given in the applicationis incorrect / false or if I do not sation, my candidature / appointment is liableto be cancelled / terminated	er date that any isfy the eligibility
Place	:	

Signature of the Applicant

Date :

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