NATIONAL INSTITUTE FOR EMPOWERMENT OF PERSONS WITH MULTIPLE DISABILITIES (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

<u>VACANCY NOTIFICATION: FACULTY MEMBERS (TEMPORARY) NO. 49/2019 FOR THE</u> UNIT OF OCCUPATIONAL THERAPY, DEPT. OF THERAPEUTICS

Date: 19. 12. 2019

The Director, NIEPMD, Chennai invites applicants for a walk in interview/selection process for engagement of Faculty members in Occupational Therapy for the Department of Therapeutics, NIEPMD.

Venue :NIEPMD, DEPwD, MSJ&E, GOI, Muttukadu, Chennai - 603 112.

Date : 03rdJanuary 2020

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

SL.No.	Position	Vacancy	Eligibility	Pay Per Month		
1.	Asst. Professor	1	Essential:			
	Occupational		i. Master of Occupational Therapy	Rs. 44, 000/-		
	Therapy		from a recognized Institute.	Consolidated.*		
	(Consultant)		ii. Five years teaching/Research experience.			
			Desirable:			
			i. Ph. D in core area			
			ii. Publication			
2.	Lecturer	1	Essential:			
	Occupational		i. Master of Occupational Therapy	Rs. 39, 600/-		
	Therapy (Consultant)		from a recognized Institute.	Consolidated.*		
	,		Desirable :			
			i. Experience in teaching /Research			
			Publication			

*Sanction awaited

Note:

- This engagement will be purely temporary for a period of 11 months.
- The incumbent will be paid honorarium on monthly basis. 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 11.00 AM on 03rd January 2020 at Room

No. 52, Dept. of Therapeutics, 1stFloor NIEPMD)

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.

 $\label{eq:Tele-Fax: +91-44-27472389} Telephone: 27472104, 27472113.$

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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