



**NATIONAL INSTITUTE FOR EMPOWERMENT OF PERSONS
WITH MULTIPLE DISABILITIES (Divyangjan), (NIEPMD)**
(Dept. of Empowerment of Persons with Disabilities (Divyangjan), MSJ & E, Govt. of India)
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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 Vacancies	Qualification	Remuneration
Lecturer in Physiotherapy (Consultant)	02	Essential: i. Master in Physiotherapy. (Full Time) ii. 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, 1st Floor, Department of Therapeutics before 11.00 A.M on 04.09.2020 .

**Sd/-
DIRECTOR,
NIEPMD**

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 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 Y Y Y Y

Signature of the Applicant