



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

(Dept. of Empowerment of Persons with Disabilities (Divyangjan),
(Ministry of Social Justice & Empowerment, Govt. of India)

Muttukadu, East Coast Road, Kovalam (P.O), Chennai - 603 112

Tamil Nadu - India. Phone: 044 - 27472046, 27472104, 27472113, 27472423

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Vacancy Notification (Temporary) No. 01 /2023

**ENGAGEMENT OF DIRECTORS (CONSULTANTS) FOR COMPOSITE
REGIONAL CENTRES FOR SKILL DEVELOPMENT, REHABILITATION AND
EMPOWERMENT OF PERSONS WITH DISABILITIES (CRCs), FUNCTIONING
UNDER THE CONTROL OF NIEPMD AT**

- **PORT BLAIR, ANDAMAN &**
- **SHILLONG, MEGHALAYA**
- **NICOBAR ISLANDS**

Applications are invited from eligible Indian Nationals for engagement to the position of DIRECTOR (CONSULTANT) on contract basis at Composite Regional Centre for Skill Development, Rehabilitation and Empowerment of Persons with Disabilities (CRCs), located in aforementioned stations established to serve as Resource Centres for disability rehabilitation of all categories.

Sl. No.	Name of the Post	No. of Post	Age Limit	Salary (Consolidated - Fixed)	Qualifications & Experience
1.	Director (Consultant)	2 (each one for aforementioned stations)	50 Yrs.	Rs.80,000/-	Essential: i. Post Graduate Degree (Full time course) in any discipline of Rehabilitation recognized by RCI/MCI with minimum 55% marks or an equivalent grade in a point scale wherever grading system is followed. OR Recognized Post Graduate Degree (full time course) in Physiotherapy or Occupational Therapy with minimum 55% marks or an equivalent grade in a point scale wherever grading system is followed. ii. 10 years working experience in the field of rehabilitation of persons with disabilities (Divyangjan). Desirable: i. Ph.D in the field of Rehabilitation of Persons with Disabilities (Divyangjan). ii. Experience of research in the field of Rehabilitation work & Published papers. iii. Minimum 2 years experience in administration.

IMPORTANT NOTE:

- i. The above post will be filled purely on short term contract initially for a period of 2 years and thereafter extendable, after review of the performance, on yearly basis upto 5 years.
- ii. The selected candidate will be entitled to only lump sum monthly consolidated remuneration as mentioned against the post. No other Allowances such as Dearness Allowance/House Rent Allowance/Medical Allowance/GPF/NPS and other allowances entitled for Government servant will be paid.
- iii. Maximum age limit will be 50 years (Age shall be reckoned as on closing date of receipt of application).
- iv. GOI norms will be followed for any kind of relaxation.
- v. Application fee of **Rs. 500/-** for each post by way of **Demand Draft** in favour of **Director, NIEPMD, payable at Chennai** need to be enclosed. SC/ST/PwD and female candidates are exempted from payment of application fee.
- vi. The envelope containing application should be superscribed "**Application for the post of DIRECTOR at _____**".
- vii. Bringing in any type of Political/Official 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 candidates. No correspondence in this matter will be entertained.
- viii. NIEPMD will retain data of applications received from non-shortlisted candidates only for a period of six months after completion of recruitment process i.e., the issuance of offer letter to the selected candidate.

APPLICATION FORM DULY FILLED IN, SUPPORTED WITH SELF-ATTESTED PHOTOCOPIES SHOULD BE SUBMITTED WITHIN 21 DAYS FROM PUBLISHING OF THE ADVERTISEMENT IN THE EMPLOYMENT NEWS TO THE DIRECTOR NATIONAL INSTITUTE FOR EMPOWERMENT OF PERSONS WITH MULTIPLE DISABILITIES (DIVYANJAN), MUTTUKADU, EAST COAST ROAD, KOVALAM POST, CHENGALPATTU DIST., CHENNAI-603 112, TAMIL NADU.

**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