



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

NOTIFICATION : ENGAGEMENT OF CONSULTANT (TEMPORARY) No. 01/2021
Date : 29. 01. 2021

**FOR COMPOSITE REGIONAL CENTRE FOR SKILL DEVELOPMENT, REHABILITATION
& EMPOWERMENT OF PERSONS WITH DISABILITIES, KOZHIKODE, KERALA**

The Director, NIEPMD, Chennai invites applicants for a walk in interview / selection process to engage a suitable candidate on a temporary position of Occupational Therapist (Consultant) to be filled on contractual basis at the Composite Regional Centre for Skill Development, Rehabilitation & Empowerment of Persons with Disabilities, Kozhikode (CRC-K).

Venue: CRC Kozhikode, IMHANS Campus, Govt. Medical College Campus, Kozhikode – 673 008.
Kerala

Date & time: 15. 02. 2021 at 10:00 A.M.

Name of the Position	No. of Vacancy	Qualification	Remuneration
Occupational Therapist (Consultant)	01	Essential: Master in Occupational Therapy. Or Bachelor in Occupational Therapy with two years of experience.	Rs. 375/- Per session for four sessions per day. (Approximately Rs. 30,000/- PM)

Note:

- This engagement will be purely temporary and only for a period of 89 days and the engagement will cease after the 89th day without any notice. Renewal of engagement for a further period 89 days is subject to project need and performance.
- The incumbent will be paid honorarium on session basis 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 CRC Kozhikode before 09.00 A.M on 15.02.2021. (Subject to Government's Directive on Lifting of Lockdown).

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.
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

Post Applied For:

Recent Passport
size Photograph
(5 cm X 4.5 cm) to
be affixed
&attested

1. Advertisement No/Date:
2. Name in Applicant:
(in full Block Letters):
3. Date of Birth:
(enclose Copy of Certificate)
D D M M Y Y Y Y
4. Citizenship Status :
(Please Tick) Citizen of India By Birth By Domicile
5. Aadhaar No:
6. RCI/MCI Registration No:
(Applicable in case of Faculty
& Technical Positions)
7. Name of Father/Spouse:
8. Nationality: Indian Foreign NRI
9. Gender: Male Female others
10. Category : SC ST OBC General Ex-Service man
(Attach certificate)
11. Are you Persons with Disability: Yes No OH VI HI others
(If yes, mention the category of
Disability with relevant Certificate)

Category

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