



**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.niepmid.tn.nic.in E-mail: niepmid@gmail.com

Employment Notice No. 12/2017

NIEPMD invites applicants for **Walk-in-Selection** from Indian Nationals who fulfil the prescribed qualification, experience, age and other conditions for filling up the following non-sanctioned positions purely on contractual/outsourcing basis.

Venue: NIEPMD, Muttukadu, Chennai-603 112.

Date: 07th December 2017(Thursday).

Time: 10.00 am.

The engagement of faculty on contractual/outsourcing basis will be initially of a period of 01 (one) year, performance reviewed on every semester basis and the period of engagement on contract/outsourcing basis restricted to a maximum period of 02 (two) years.

The engagement of faculty on contract/outsourcing for providing physiotherapy services in Department of Therapeutics and depending upon the other academic/research activities of the Institute.

S.No	Name of the Post	No. Of post	Essential Qualifications	Desirable Qualification
1.	Physiotherapist (Female)	1	Graduate in Physiotherapy from a recognized college/university with 2 years experience	Post Graduate in Physiotherapy(MPT) from a recognised college/university

Note:

1. The consolidated pay can be fixed as desired by the Competent Authority.
2. Read all the instruction given as below before filling up of the application and submission.

Important notes and requirements:-

1. The applicant must be a citizen of India.
2. The applicants claiming experience should submit the latest experience certificate issued by the present employer.
3. The decision of the appointing authority will be final and binding in all aspects.
4. 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.
5. No correspondence or Phone calls in this matter is entertained.

--SD--
Director, NIEPMD



**National Institute for Empowerment of Persons with Multiple Disabilities (Divyangjan)
(NIEPMD)**

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.

Website: www.niepmd.tn.nic.in E-mail: niepmd@gmail.com

Toll Free No: 18004250345

**Application form
(Advt No.12/2017)**

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

Post Applied For: _____
(On Contract)

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

15. Innovative, Developmental works undertaken & significant achievements:

(If applicable) (Enclose supporting documents)

S.No	Particulars	Number
1	Patent	
2	Publication of Books	
3	Publication of articles in Indian Journals	
4	Publication of articles in International Journals	
5	Projects	
6	Paper Presentations in Seminar/Conference/Workshop	
7	Membership of Professional Bodies/Universities	

16. Why you think you are suitable for the post you have applied for (Details within one page – attach separately):

17. Reference of three persons with whom you have interaction during your work or study period)

S.No	Names, Designation and Address	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 applications incorrect / false or if I do not satisfy the eligibility criteria, my candidature / appointment is liable to be cancelled / terminated.

Place:

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Date:

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DD MM YYYY

Signature of the Applicant