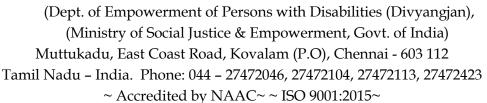
### NATIONAL INSTITUTE FOR EMPOWERMENT OF PERSONS WITH MULTIPLE DISABILITIES (Divyangjan)







### 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 aforeme ntioned stations)	50 Yrs.	Rs.80,000/-	<ul> <li>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 &amp; Published papers.  iii. Minimum 2 years experience in administration.</li> </ul>	

#### **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.
- 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



## 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<sub>M</sub> 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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