

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

~ Accredited by NAAC~ ~ ISO 9001:2015~

MANPOWER ENGAGEMENT NOTIFICATION: CONSULTANT No.52 /2023 Date: 18.12.2023

NIEPMD(D) invites applications from eligible candidates for the below said contractual post. This position will be filled up on temporary contractual basis. Details are furnished below:

| S1. | Name of the Position | No. of post | Qualification | Remuneration |
|-----|--|---|---|------------------------------------|
| 1. | Professor in Occupational Therapy (Consultant) | 01 (Temporary Contractual basis) | Essential: MOT/M.Sc., Occupational Therapy with 5 years experience. | Rs. 60,000/- PM. (Consolidated) |
| | 01 (Temporary Contractual basis) | Dasisj | Desirable: 3 years of administrative experience. OR Essential: BOT/B.Sc., Occupational Therapy with 8 years experience. | |
| | | | Desirable: 3 years of administrative experience. | |
| 2. | Lecturer in Occupational Therapy (Consultant) 01 (Temporary Contractual basis) | 01 (Temporary Contractual basis) | Essential: 1. Master's in Occupational Therapy from a recognized Institute (Full time) 2. Minimum 3 years of experience in teaching/ research in field of rehabilitation. | Rs. 39,600/- PM. (Consolidated) |
| | (Max Age 56 years | | Desirable : Possessing any RCI recognized qualification. | |

Note:

- The post will be filled purely on contractual basis.
- The period of contractual engagement as consultant will be short term only. The selected candidate will be entitled to only the lump sum monthly consolidated remuneration as mentioned against each position. No other allowances such as Dearness allowance/House rent allowance/Medical allowance/GPF/NPS and other allowances entitled for Government servant will be paid.
- Duration of Ph. D will be considered as Experience as per UGC guidelines. Application fee of Rs. 500/- for each position in the mode of Demand Draft made in favor of Director, NIEPMD, payable at Chennai need to be enclosed. No fee is prescribed for candidates belonging to SC/ST/PH category and Female candidates.
- NIEPMD(D) 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.
- The envelope containing application should be superscribed "Application for the position of ".

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 is
entertained.

APPLICATION FORM DULY FILLED SUPPORTED WITH SELF-ATTESTED PHOTOCOPIES SHOULD BE SUBMITTED WITHIN 21 DAYS FROM PUBLISHING OF THE MANPOWER ENGAGEMENT NOTIFICATION IN THE WEBSITE. (ie., Last date for submission of application is 11.01.2024).

Sd/-DIRECTOR NIEPMD(D)



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_M 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 |
|---------------------------|------------|---------------------------|--------------------------------|---------------------------|---------------------------------------|---------------|
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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 |
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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 |
|--------------------------|---------------------------|---|---|------|----|---|---------------------------------------|
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| | 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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