



**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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NOTIFICATION: ENGAGEMENT OF LECTURER –CONSULTANT (TEMPORARY) No. 02/2021

Date: 29.03.2021

**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 Sr. Lecturer in Occupational Therapy (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, Kerala – 673 008.

Date & time: 05th April, Monday - 2021 at 10:00A.M.

Name of the Positions	No. of post	Qualification	Remuneration
Sr. Lecturer in Occupational Therapy (Consultant)	01	Essential: <ul style="list-style-type: none">Master in Occupational Therapy from a recognized University.Minimum 3 years of experience in teaching / research in the field of rehabilitation. Desirable: <ul style="list-style-type: none">Ph.D., in related field of rehabilitation of Persons with Disabilities.	Rs.39,600/- (Per Month) Consolidated

Note:

- This engagement will be purely temporary and only for a period of 11 months and the engagement will cease after the 11th month without any notice; renewal of engagement for further 11 months is subject to project need and performance.
- The incumbent will be paid consolidated honorarium 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 10.00 A.M on 05th April, Monday – 2021.

**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

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

Post Applied For:

1. Advertisement No/Date:

2. Name in Applicant: (in full Block Letters):

3. Date of Birth: (enclose Copy of Certificate)

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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 (Attach certificate)

SC OBC General Ex-Service man
Category

11. Are you Persons with Disability: Yes

No OH VI HI others

(If yes, mention the category of Disability with relevant Certificate)

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