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. 33/2023 Date: 15.08.2023

NIEPMD invites applications from eligible candidates for the below said contractual post. This position will be filled up on contractual basis for a period of 11 months. Details are furnished below:

S1.	Name of the	No. of	Qualification	Remuneration
No.	Position	post	~	
1.	Associate	01	Essential:	Rs.46,000/- PM.
	Professor in	(11	1. Masters in Physiotherapy /	(Consolidated)
	Therapeutics	months)	Occupational therapy	
	(Consultant)		2. 08 years' experience in	
			clinical setup including 3 years' experience in	
			teaching at graduate level	
			and /or experience of	
			research in the subject	
			specialty.	
			3. Should have experience of	
			computer applications in	
			their date to day work.	
			Desirable:	
			1. Ph.D. in the relevant field	
			2. Experience in working with	
			persons with multiple disabilities.	
			3. Published work in the field	
			in reputed journal /	
			presentation of scientific	
			paper in conferences of	
			National and International	
			level.	
2.	Lecturer in	01	Essential:	Rs. 39,600/- PM.
	Physiotherapy	(11	1. Master of Physiotherapy	(Consolidated)
	(Consultant)	months)	with 3 years experience.	

Note:

- The post will be filled purely on contractual basis.
- The period of contractual engagement as consultant will be for 11 months. The selected candidate will be entitled to only the lump sum monthly consolidated remuneration as mentioned against each 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.
- Duration of Ph. D will be considered as Experience as per UGC guidelines. Application fee of Rs. 500/- for each post 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 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 VACANCY NOTIFICATION IN THE WEBSITE. (ie., Last date for submission of application is 7th September 2023)

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

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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