



**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~**



**VACANCY NOTIFICATION: CONSULTANT No. 43/2023**

**Date: 01/11/2023**

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:

Sl. No.	Name of the Position	No. of post	Qualification	Remuneration
1.	Assistant Professor (Prosthetics & Orthotics) <b>(Consultant)</b>	01	<b>Essential:</b> 1. Master in Prosthetics & Orthotics (MPO) with two (02) year experience in the field. 2. The candidate must have valid RCI CRR No. <b>Desirable:</b> 1. Teaching experience to BPO/MPO students.	<b>Rs. 44,000/- per month (Consolidated Pay)</b>

**Note:**

- The engagement will be purely temporary i.e, upto 31.08.2024.
- 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 21/11/2023)**

**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.**  
**Tele – Fax : +91-44-27472389, Telephone : 27472104, 27472113.**  
**Toll Free No: 18004250345**

Website: [www.niepmd.tn.nic.in](http://www.niepmd.tn.nic.in)

E-mail: [niepmd@gmail.com](mailto:niepmd@gmail.com)

### Application form

Post Applied For:

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

1. Advertisement No/Date:

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

D D M M Y Y Y Y

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

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 :  
(Attach certificate)

SC  ST  OBC  General  Ex-Service man

11. Are you Persons with Disability: Yes  No   
(If yes, mention the category of  
Disability with relevant Certificate )

Category  
OH  VI  HI  others





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