



**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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VACANCY NOTIFICATION: CONSULTANT ON CONTRACT (TEMPORARY) No. 07/2021

Date: 11.10.2021

The Director, NIEPMD, Chennai invites applicants for a walk-in interview/selection process to engage staff Members on contract in the Dept. of Therapeutics.

Venue: NIEPMD, East Coast Road, Muttukadu, Chennai-603 112.

Date: 27.10.2021

Time: 11.00 AM (Room No. 52, Dept. of Therapeutics, 1st Floor NIEPMD)

Name of the Position	No. of post	Qualification	Remuneration
Lecturer (Consultant) On contract	01 (11 Months)	Essential: 1. Master of Occupational Therapy. Desirable: 1. Two years' experience in Teaching/ Research.	Rs. 36,000/- PM. (Consolidated)
Tutor (Consultant) On contract	01 (11 Months)	Essential: 1. Bachelor in Occupational Therapy. 2. Minimum two years of experience in the relevant field. Desirable: Possessing any RCI recognized qualification.	Rs. 30,800/- PM. (Consolidated)
Clinical Therapist (Consultant) On contract	02 (89 days)	Essential: Bachelor in Occupational Therapy Desirable: Possessing any RCI recognized qualification.	Rs.375/- Per session (375 x 04 sessions a day for 20 days)

Note:

- This engagement will be purely temporary and only for a period of 11 months / 89 days and the engagement will cease after the 11th month for Tutor/Lecturer & 89 days for Clinical Therapist without any notice. Renewal of engagement for further 11 months & 89 days 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 before **11.00 A.M** on 27.10.2021.

Sd/-
Dy. Registrar – Admin. (Offg.)
NIEPMD



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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

Post Applied For:

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

1. Advertisement No/Date:

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

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3. Date of Birth:
(encloseCopy of Certificate)

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4. Citizenship Status :
(Please Tick)

Citizen of India	By Birth	<input type="checkbox"/>	By Domicile	<input type="checkbox"/>
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5. Aadhaar No:

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6. RCI/MCI Registration No:
(Applicable in case of Faculty &Technical Positions)

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7. Name of Father/Spouse:

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8. Nationality:

Indian	<input type="checkbox"/>	Foreign	<input type="checkbox"/>	NRI	<input type="checkbox"/>
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9. Gender:

Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	others	<input type="checkbox"/>
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10. Category :
(Attach certificate)

SC	<input type="checkbox"/>	ST	<input type="checkbox"/>	OBC	<input type="checkbox"/>	General	<input type="checkbox"/>	Ex-Service man	<input type="checkbox"/>
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11. Are you Persons with Disability: Yes No

OH <input type="checkbox"/>	VI <input type="checkbox"/>	HI <input type="checkbox"/>	others <input type="checkbox"/>
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Category

(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