NATIONAL INSTITUTE FOR EMPOWERMENT OF PERSONS WITH MULTIPLE DISABILITIES (Divyanjan)

(Dept. of Empowerment of Persons with Disabilities (Divyangjan), MSJ & E, Govt. of India)

ECR, Muttukadu, Kovalam Post, Chennai 603 112, Tamil Nadu

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Website: www.niepmd.tn.nic.in E-mail: niepmd@gmail.com

Employment Notice No.11/2018

The Director, NIEPMD, Chennai invites applicants for walk in interview/selection process for engagement of Physiotherapist from the eligible candidates. This engagement will be purely temporary and the payment will be made on session basis.

Venue: **NIEPMD, DEPwD, MSJ&E, GOI, Muttukadu, Chennai-603 112.**
Date: **26th July 2018.**
Time: **10.00am.**

Sl No.	Name of Posts	Number of Posts	Essential Qualification
1	**Physiotherapist**	3 (1 female)	M.P.T. with 2 yrs experience.

Note:

- No application fee to be charged.
- Candidate to bring filled in application in the prescribed format.
- Candidates to report with all testimonials/certificates in original and one set of self-attested true copy.
- Two passport size photographs.
- Aadhar or any valid ID proof.

Sd/-
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

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

Application form

Post Applied For:

1. Advertisement No/Date:
2. Name in Applicant: (in full Block Letters):
3. Date of Birth: (encloseCopy of Certificate) D D M M Y Y Y Y
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 ☐ Category OH ☐ VI ☐ HI ☐ 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	To	Nature of Work presently dealing with(attach proof/experience certificate	Total period of Exp in Years & Months

16. Why you think you are suitable for the post you have applied for (Details within one page):

17.Referenceof 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 beliefand I fully understand that if it is found at a later date that any information given in the applicationis incorrect / false or if I do not satisfy the eligibility criteria, my candidature / appointment is liableto be cancelled / terminated.

Place :

Date :

D D M M Y Y Y Y

Signature of the Applicant