



**NATIONAL INSTITUTE FOR EMPOWERMENT OF PERSONS
WITH MULTIPLE DISABILITIES (NIEPMD)**

(Dept. of Empowerment of Persons with Disabilities (Divyangjan), MSJ & E, Govt. of India)
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VACANCY NOTIFICATION: CONSULTANT (TEMPORARY) NO.36/2019

Date: 01.10.2019

The Director, NIEPMD, Chennai invites applicants for a walk in interview/selection process for engagement of Lecturers in Physiotherapy for the Department of Therapeutics.

Venue : NIEPMD, DEPwD, MSJ&E, GOI, Muttukadu, Chennai - 603 112.

Date : 15th October 2019

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

Name of position	No. of Posts	Qualification	Remuneration
Lecturer in Physiotherapy	3	<u>Essential:</u> 1. Master in Physiotherapy. 2. Three years of experience in Teaching / Research.	Rs.36,000/- per month

Note:

- This engagement will be purely temporary and only for a period of 11 months and engagement will cease after the 11th month without any notice.
- The incumbent will be paid honorarium on monthly basis. 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 Room No. 52 in the Dept. of Therapeutics first floor of the main building before 11.00 AM. on 15.10.2019.

**Sd/-
DIRECTOR
NIEPMD**

Copy to :

- 1. Notice Board.**
- 2. Institutions Concerned**

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