



**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: FACULTY MEMBERS (TEMPORARY) NO. 49/2019 FOR THE
UNIT OF OCCUPATIONAL THERAPY, DEPT. OF THERAPEUTICS**

Date: 19. 12. 2019

The Director, NIEPMD, Chennai invites applicants for a walk in interview/selection process for engagement of Faculty members in Occupational Therapy for the Department of Therapeutics, NIEPMD.

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

Date : 03rdJanuary 2020

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

SL.No.	Position	Vacancy	Eligibility	Pay Per Month
1.	Asst. Professor Occupational Therapy (Consultant)	1	Essential : i. Master of Occupational Therapy from a recognized Institute. ii. Five years teaching/Research experience. Desirable : i. Ph. D in core area ii. Publication	Rs. 44, 000/- Consolidated.*
2.	Lecturer Occupational Therapy (Consultant)	1	Essential : i. Master of Occupational Therapy from a recognized Institute. Desirable : i. Experience in teaching /Research Publication	Rs. 39, 600/- Consolidated.*

***Sanction awaited**

Note:

- This engagement will be purely temporary for a period of 11 months.
- 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 **11.00 AM on 03rd January 2020 at Room No. 52, Dept. of Therapeutics, 1stFloor NIEPMD)**

**Sd/-
DIRECTOR
NIEPMD**

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