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



(Dept. of Empowerment of Persons with Disabilities (Divyangjan), MSJ & E, Govt. of India)
ECR, Muttukadu, Kovalam Post, Chennai - 603 112, Tamil Nadu
Fax: 044-27472389 Tel: 044-27472104, 27472113&27472046, 27472104, 27472423, Toll Free No: 18004250345
Website: www.niepmd.tn.nic.in E-mail: niepmd@gmail.com

VACANCY NOTIFICATION: FACULTY MEMBER (TEMPORARY) NO. 50/2019 FOR DEPARTMENT OF MEDICAL SCIENCES

DATE: 23. 12. 2019

The Director, NIEPMD, Chennai invites applicants for a walk in interview/selection process for engagement of a Faculty member for the Department of Medical Sciences.

<u>Date</u> : **07th January**, **2020**

<u>Time</u>: 11.00 AM. (Room No. 33, First Floor, NIEPMD).

| Position | Vacancy | Eligibility | Pay |
|---|---------|---|--------------------------------|
| Asst. Professor Medical Sciences (Consultant) | 1 | i. M.Sc. Nursing in Psychiatry/Paediatrics. ii. Two years Teaching/Clinical /Research experience. iii. Valid NCI Registration. Desirable: i. Ph. D in the relevant field Publication. | Rs. 44,000/-* 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 07th January, 2020 at Room No. 33, First Floor, NIEPMD.

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.

 $\label{eq:Tele-Fax: +91-44-27472389} Telephone: 27472104, 27472113.$

Toll Free No: 18004250345 Website: www.niepmd.tn.nic.in E-mail: niepmd@gmail.com **Application form** Recent Passport size Photograph (5 cm X 4.5 cm) to **Post Applied For:** be affixed &attested 1. Advertisement No/Date: 2. Name in Applicant: (in full Block Letters): YYYY D D M_M 3. Date of Birth: (encloseCopy of Certificate) 4. Citizenship Status: Citizen of India By Birth By Domicile (Please Tick) 5. Aadhaar No: 6. RCI/MCI Registration No: (Applicable in case of Faculty &Technical Positions) 7. Name of Father/Spouse: NRI Indian Foreign 8. Nationality: 9. Gender: Female others Male SC ST OBC General Ex-Service man 10. Category: (Attach certificate) Category 11. Are you Persons with Disability: Yes No ОН 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 |
|---------------------------|------------|---------------------------|--------------------------------|---------------------------|---------------------------------------|---------------|
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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 |
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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 | То | Nature of Work presently dealing with(attach proof/experience certificate | Total period of Exp in Years & Months |
|--------------------------|---------------------------|---|---|------|----|---|---------------------------------------|
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| | hy you think you are suitable for the post you have applied for (Detain one page): | ls |
|--------|---|---------------------------------------|
| | ferenceof three persons with whom you have interaction g your work or study period) | |
| S.No | Names, Designation and Address with Phone No & Mail ID | |
| 1 | | |
| 2 | | |
| 3. | | |
| | ny other relevant information the applicant want to mention, if any (at s if necessary): DECLARATION OF THE APPLICANT | ttach additional |
| inform | I hereby declare that the information given above is correct to edge and beliefand I fully understand that if it is found at a late nation given in the applicationis incorrect / false or if I do not sation, my candidature / appointment is liableto be cancelled / terminated | er date that any isfy the eligibility |
| Place | : | |

Signature of the Applicant

Date :

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