



**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.niepmid.tn.nic.in](http://www.niepmid.tn.nic.in) E-mail: [niepmid@gmail.com](mailto:niepmid@gmail.com)

**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 : 03<sup>rd</sup> January 2020

Time : 11.00 AM. (Room No. 52, Dept. of Therapeutics, 1<sup>st</sup> Floor 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 03<sup>rd</sup> January 2020 at Room No. 52, Dept. of Therapeutics, 1<sup>st</sup> Floor NIEPMD)**

**Sd/-  
DIRECTOR  
NIEPMD**

- |     |   |   |
|-----|---|---|
| 1.  | Advertisement No/Date:  | <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>   |
| 2.  | Name in Applicant:<br>(in full Block Letters):  | <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> |
|     |   | D D M M Y Y Y Y   |
| 3.  | Date of Birth:<br>(enclose Copy of Certificate)   | <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>   |
| 4.  | Citizenship Status :<br>(Please Tick)   | Citizen of India By Birth <input type="checkbox"/> By Domicile <input type="checkbox"/>   |
| 5.  | Aadhaar No:   | <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>   |
| 6.  | RCI/MCI Registration No:<br>(Applicable in case of Faculty<br>& Technical Positions)  | <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>   |
| 7.  | Name of Father/Spouse:  | <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>                                     |
| 8.  | Nationality:  | Indian <input type="checkbox"/> Foreign <input type="checkbox"/> NRI <input type="checkbox"/>   |
| 9.  | Gender:   | Male <input type="checkbox"/> Female <input type="checkbox"/> others <input type="checkbox"/>   |
| 10. | Category :<br>(Attach certificate)  | SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/> General <input type="checkbox"/> Ex-Service man <input type="checkbox"/>   |
| 11. | Are you Persons with Disability: Yes <input type="checkbox"/> No <input type="checkbox"/><br>(If yes, mention the category of<br>Disability with relevant Certificate ) | OH <input type="checkbox"/> VI <input type="checkbox"/> HI <input type="checkbox"/> Category<br>others <input type="checkbox"/>   |

[illegible][illegible][illegible][illegible][illegible][illegible]

--	--	--	--	--	--

[illegible][illegible][illegible][illegible]

14. Additional Qualification / Certificate Courses if any (Training, Apprentice programs attended, refresher courses completed etc.)

[illegible]

15. Experience in chronological order upto the present post:  
(Attach a separate sheet if required)

[illegible]

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