



राष्ट्रीय गतिशील दिव्यांगजन संस्थान

National Institute for Locomotor Disabilities (Divyangjan)

(दिव्यांगजन सशक्तिकरण विभाग, सामाजिक न्याय एवं अधिकारिता मंत्रालय, भारत सरकार)

(Department of Empowerment of PwDs (Divyangjan), Ministry of Social Justice and Empowerment, Govt. of India)

बी.टी. रोड बनहूगली, कोलकाता-700090 / B.T. Road, Bon-Hooghly, Kolkata-700090

Phone: 2531-0279, 2531-0610/Tele Fax: 2531-8379/E-mail: mail@nioh.in and web: www.niohkol.nic.in

No. RECRUIT-CONTRACT/2018/NILD/134

Date: 20-04-2018

EMPLOYMENT NOTIFICATION

Applications are invited from eligible Indian Citizens to fill up the following posts of this Institute purely on Contract Basis. The details of the posts as under:-

| No. | Name of the Posts/No. of Posts/Remuneration | Educational Qualification and Experience |
|-----|--|--|
| 01 | Senior Resident (Ortho.)-01 Pay Matrix Level-11 (PB-3, GP Rs.6600/- pre-revised) | MBBS Degree duly recognized by MCI with PG Degree / Diploma in the subject. Experience: - Experience in similar Institute preferred |
| 02 | Senior Resident (PMR)-01 Pay Matrix Level-11 (PB-3 & GP Rs.6600/- pre-revised) | MBBS Degree duly recognized by MCI with PG Degree / Diploma in the subject. Experience: - Experience in similar Institute preferred |
| 03 | Consultant-01 On consolidated amount of Rs.25,000/- per month. | Retired Govt. Officers from Central Govt./State Govt./Autonomous bodies. The person must have working knowledge of official procedure in Administration and conversant in Central Govt. rules and regulations. Preferably in Establishment including RTI & Legal related matters or otherwise. The maximum age limit of Consultant will be 65 years. |
| 04 | Staff Nurse-02 On consolidated amount of Rs.20,000/- per month. | i) Diploma in General Nursing & Midwifery from a recognized University / Institution with three years experience. ii) Registered as Nurse and Midwife under Indian Nursing Council Act 1947 / any State Nursing Council. Preference: - B. Sc. (Nursing)/ Post Basic Diploma in Ortho. & Rehab. Nursing. |
| 05 | Out Patient Department Manager-01 Consolidated amount of Rs.20,000/- per month | Degree in Hospital Management with one year experience and working knowledge of computer. Age Limit: 28 years. |

GENERAL CONDITIONS:

- 1) Applications duly completed in all respects and signed by the candidates in the prescribed format along with self attested photocopies of relevant enclosures in respect of qualifications, age proof, experience, etc. should reach to the Director, National Institute for Locomotor Disabilities (Divyangjan), B.T. Road, Bon-Hooghly, Kolkata-700090 **within 21 days from the date of publication of this advertisement in the News paper.**
- 2) Applications should neatly typed/hand written on A/4 size plain paper as per the prescribed format. All Columns of the application form should fill up and no column should be left blank.
- 3) Applications received through e-mail/late/incomplete will not be considered and the Institute will not be responsible for any postal delay.
- 4) Applications incomplete in any respect and not accompanied by copies of mark sheets / certificates / proof of age, experience (present & previous) / other relevant documents, photograph, unsigned and not in the prescribed format will be summarily rejected.
- 5) The prescribed essential qualifications & experience are the minimum and mere possession of the same does not entitle a candidate to be called for written test/skill test/interview.
- 6) Candidates must ensure before applying that they are eligible according to criteria stipulated in the advertisement. If the candidate is found ineligible at any stage of recruitment process he / she will be disqualified and their candidature cancelled. Hiding of information or submitting false information will lead to cancellation of candidature at any stage of recruitment.
- 7) The decision of the competent authority in all matters relating to eligibility, acceptance or rejection of applications etc. will be final and binding on the candidates and no enquiry or correspondence will be entertained in this connection. The Institute reserves the right to reject any or all applications without giving any reason whatsoever.
- 8) Candidates are advised to submit all relevant copies (Mark sheets & Certificates) in support of their Academic/Technical/ Professional qualifications and experience.
- 9) The Institute does not undertake any responsibility for sending or replying to the candidates not selected or not called for Written Test / Skill Test / Interview, however important and relevant information will be displayed on website (www.niohkol.nic.in)
- 10) Canvassing and/or bringing influence in any form will disqualify the candidature.
- 11) The appointment will be purely on contract basis initially for a period of one year which may be extended at the discretion of the competent authority based on good conduct and target oriented performance of the employee.
- 12) Selected candidates will be posted at NILD, Kolkata.
- 13) Candidate should write the 'Name of the Post' applied for and Advertisement Number on the top of the envelope and separate envelopes should be used if applying for more than one post.

Director

FORMAT OF APPLICATION

| | | | | | | |
|----------------------|---|---|--------------|--|-----------------|---|
| Advertisement No. | : | | | | | |
| Position Applied for | : | | | | | |
| 1 | Name in full (in Block Letters) | : | | | | Affix self attested recent passport size photograph |
| 2 | Father's/Husband's Name | : | | | | |
| 3 | Gender & Marital Status | : | | | | |
| 4 | Permanent Address including Pin code | : | | | | |
| 5 | Correspondence address including Pin code | : | | | | |
| 6 | Contact details (Phone No. & Email ID) | : | | | | |
| 7 | (a) Date of Birth (Attested copy of proof of age to be attached) | : | Date | Month | Year | |
| | (b) Age as on last date of receipt of application | : | Year | Months | Days | |
| 8 | Nationality | : | | | | |
| 9 | Religion | : | | | | |
| 10 | (a) State your category (Gen/SC/ST/OBC/Ex-Serv) (attached certificate) | : | | | | |
| | (b) Whether belongs to PwD (Yes/No) (If yes, attach copy of certificate) | : | | If yes, VH/HH/OH With % of disability | | |
| 11 | Whether Registered with any Council (If yes, attach copy of certificate) | : | Date of Reg. | Reg. No. | Name of Council | |
| | | : | | | | |

12 Educational Qualifications beginning with 10th std. onwards (Attached copies of mark sheet & certificates)

| Examination Passed | Year of passing | Marks details | | % of marks | Div/ Class | Board / University | College/Institution | Subject Taken |
|--------------------|-----------------|---------------|----------------|------------|------------|--------------------|---------------------|---------------|
| | | Max marks | Marks obtained | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

13 Professional / Technical Qualifications (Attached copies of mark sheet & certificates)

| Examination Passed | Year of passing | Marks details | | % of marks | Div/ Class | Board / University | College/Institution | Subject Taken |
|--------------------|-----------------|---------------|----------------|------------|------------|--------------------|---------------------|---------------|
| | | Max marks | Marks obtained | | | | | |
| | | | | | | | | |
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| | | | | | | | | |

14 Work Experience (**Latest first** and certificate of each experience to be attached)

| Name and address of Organization | Designation & Job Type (Regular/ Contract) | Scale of pay & Grade Pay /Consolidated | Period of Service | | | | Nature of work and level of responsibilities |
|----------------------------------|---|---|-------------------|----|------|-------|--|
| | | | From | To | Year | Month | |
| | | | | | | | |
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|----|--|---|--|--|--|
| 15 | Professional training undergone, if any, and details thereof | : | | | |
| 16 | Any other relevant information that you may like to furnish | : | | | |

I hereby declare that I have read the provisions given in the advertisement and all the statements made and information given by me in this application are true, complete and correct to the best of my knowledge and belief. In the event of any information or part of it being found false or incorrect or suppressed before or after the test/interview or during the appointment period, my candidature/appointment shall automatically stands cancelled/repatriated/ terminated without any notice or compensation..

Date:-

Place:-

Signature of the Candidate