

# NATIONAL INSTITUTE FOR THE EMPOWERMENT OF PERSONS WITH VISUAL DISABILITIES (DIVYANGJAN)

(Department of Disability Affairs, Ministry of Social Justice & Empowerment, Govt. Of India)

116, Rajpur Road, Dehradun 248001, Uttarakhand.

Website: [www.nivh.gov.in](http://www.nivh.gov.in), Phone no: 0135 2744491, 2744578

Applications are invited from the eligible candidates for filling up the following contractual posts for Composite Regional Centre for Skill Development, Rehabilitation & Empowerment of Persons with Disabilities, (CRC), Gorakhpur 10, Sitapur Eye Hospital, Park Street, Civil Lines, Gorakhpur (UP) on purely temporary basis. Applications should reach the Director of the Institute at the above address. The Last date for receipt of application is 06.12.2021 in the enclosed format.

1. **Name of Post** : Prosthetics & Orthotics (Consultant) For 11 Months

**Emoluments** : Rs. 40,000/- P.M. with no other allowances.

### **Essential Qualifications :-**

- i. Degree in Prosthetics & Orthotic registered with RCI.
- ii. Minimum Four years relevant experience.

2. **Name of Post** : Lecturer (Consultant) D.Ed. – Spl.-Ed. (MD) for 11 months

**Emoluments** : Rs. 35,000/- P.M. with no other allowances.

### **Essential Qualifications :-**

- i. Post Graduate Degree.
- ii. M.Ed. Special Education.  
Or  
B.Ed. Special Education with 2 years of Experience.  
Or  
D.Ed. SE in MD with 2 years of experience.
- iii. Registration with RCI.

### **Desirable:-**

- i. M.Ed. / B.Ed. / D.Ed. in Special Education in other than primary area of Specialization.

1. The Selection will be based on Online or Written test and interview.

## **GENERAL CONDITIONS**

1. Demand Draft of Rs 200/- (Non Refundable) drawn in favour of the Director, NIVH Payable at Dehradun must accompany with the application without which the application will not be considered. The SC/ST and Ex-Serviceman candidates are required to submit DD of Rs 100/- only. Physically Handicapped candidates are exempted from above fee.
2. Neat and Clean application should be submitted giving full particulars as asked in the advertisement.
3. Applications must invariably be accompanied with attested copies of certificates, degrees, mark sheets, testimonials in support of qualifications, age and experience failing which application will be rejected straightway. No query will be entertained after receipt of application.
4. Eligible candidates serving Central/State Government, Public Sector Undertaking Autonomous bodies must send their applications through proper channel if applicable.
5. This Institute will not be responsible for the matter/contents of Advertisement published in any other newspapers except **Times of India, English, Metro, Danik Jagran, Hindi Gorakhpur Edition & NIVH Website.**
6. The Director, NIEPVD Dehradun reserves the right to fill or not to fill the post(s) without assigning any reason thereof.

**Director, NIEPVD, Dehradun**

**National Institute for the Empowerment of  
Persons with Visual Disabilities (Divyangjan)**

*(DEPwD, MSJ&E, Govt. of India)*

**116, Rajpur Road Dehradun,**

**Composite Regional Centre For Skill Development, Rehabilitation & Empowerment Of  
Persons With Disabilities, (CRC), Gorakhpur 10, Sitapur Eye Hospital,  
Park Street, Civil Lines, Gorakhpur (UP)**

Recent Passport  
size Photograph

(5 cm X 4.5  
cm) to be  
affixed

**APPLICATION FORMAT FOR  
CONTRACTUAL POSTS OF CRC GORAKHPUR**

**Application for the post of : \_\_\_\_\_ (On Contractual basis)**

1. NIEPVD Advt No	<b>Advt. No. NIEPVD/Adv/01</b>
2. MCI / RCI Registration No. (wherever applicable)	
3. Name in Full (Capital Letters) (as in Matric/Degree Certificate)	
4. Date of Birth (enclose copy of matric certificate)	Day      Month      Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
5. Citizenship Status	<b>Citizen of India</b> By Birth <input type="checkbox"/> Domicile <input type="checkbox"/>
6. Member of Scheduled Caste (SC) / Tribe (ST) / Other Backward Class (OBC) / Person with Disability (PwD) etc.,	Write SC or ST or OBC ( <i>Attach certificate</i> ) or Person with Disability (PWD) <input type="text"/> <input type="text"/>
7. Address for Communication ( <b>with Phone/mobile number &amp; email ID</b> )	
8. Permanent residential Address	
9. Name of Father / Husband /Mother	

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10. Details of Education starting from matric (SSLC/X Std.,) onwards :- (to give details **ONLY ON PASSED COURSES & WHERE DEGREE/CERTIFICATEs etc., ARE ALREADY AWARDED/ISSUED.**)

Academic / Professional Qualification	Discipline	University /Inst/Board	Year & Month of Entry	Year & Month Passed	Marks Obtained / Total Marks	/Class / Division .

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

Course	Duration	Certifying Organisation	Whether Govt authorized/recognized	Class/Mark/details

12. Experience in chronological order up to the present post:

Organization/ Department/ Office/Institution/University/ College etc.	Designation/ Post held	From	To	Consolidated pay/Pay in the Pay band with Grade Pay drawn as on date (P.M)	Nature of work presently dealing with/dealt with (attach proof: experience certificates, copies of appointment and relieving) (experience without testimonials will not be considered)
		(If on contract basis mention the term of contract			

13. (i) Details of Present Employment :

(ii) Nature of present work & responsibility held :

(iii) Time required to join if offered the post :

**14. References ( Names, Designation and Address with email ID & contact details of three Referees / references (with whom you have interaction during your work or study period) (03 references)**

(a)

(b)

(c)

## 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:

Signature of the Applicant

With full name in Block letters

Correspondence address of the candidate:-

(to include contact /mobile number, E-mail ID also)

### **NOTE :-**

**The application duly filled in all relevant columns, signed and enclosed with the self- attested copies of educational, professional, additional qualifications and experience certificates should be sent to THE DIRECTOR, NATIONAL INSTITUTE FOR THE EMPOWERMENT OF PERSONS WITH VISUAL DISABILITIES (DIVYANGJAN), 116 RAJPUR ROAD, DEHRADUN, UTTARAKHAND- 248001, PHONE NO- 0135-2744491**