

# राष्ट्रीय गतिशील दिव्यांगजन संस्थान National Institute for Locomotor Disabilities (Divyangjan)

Azadi <sub>Ka</sub> Amrit Mahotsav

Date: 10-09-2024

(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 बनहुगली,कोलकाता-700090 / B.T. Road, Bon-Hooghly, Kolkata-700090 Phone: 2531-0279, 2531-0610/Tele Fax: 2531-8379/E-mail: mail@nioh.in /web: www.niohkol.nic.in

No. SER.DEV.WO/1950/SPL.EDU/2011/NIOH

### **EMPLOYMENT NOTIFICATION**

The Director, NILD Kolkata invites Eligible Indian Nationals for a walk-in –interview/ selection process **ON HYBRID MODE** to engage Faculty/instructors purely on contract basis for DISLI Course at NILD Kolkata, CRCs Sikkim, Tripura & Patna.

## Venue: NILD Kolkata (Director's conference room); Date: 01-10-2024, Time: 10.00 AM

- A. Interested candidates should report to the office of the Director, NILD, B. T. Road, Bon-Hooghly, Kolkata-700090 along with application duly completed in all respects and signed by the candidates in the prescribed FORMAT along with the Original Certificates and Mark Sheets (For Verification Only). A set of self-attested photocopies of relevant enclosures in respect of qualifications, age proof, experience, etc. should be submitted to the office on the date of selection. **The selection will be held from 10.30 a.m. onwards. Candidates should report at the venue 01 hour before the scheduled time**. The applicants who report up to 11.00 A.M. will be considered for selection process. Candidate reporting after 11.00 A.M. will not be considered for the selection process. **OR**
- B. Candidates who wish to attend the walk-in interview via **online mode** are requested to submit their application, duly completed in all respects and signed by the candidates, in the prescribed format. The application should be accompanied by self-attested photocopies of relevant documents, including proof of qualifications, age, experience, etc. Please send these documents via email to <a href="mail@nioh.in">mail@nioh.in</a> by 27TH September 2024. Applications received after 27TH September 2024 will not be considered for the online selection process. Provisionally eligible candidates will receive a link for the interview on the day of the interview. Selected candidates will be called for document verification, and the offer of appointment will be issued after the verification of original documents.

#### The details of the posts as under:-

| Sl. | Name of the   | No. of post and   | Consolidated Salary | Essential Qualification  |  |  |  |  |  |
|-----|---|---|---------------------|--|--|--|--|--|--|
| No. | post  | place of posting  | per month           |  |  |  |  |  |  |
| 1   | Indian Sign<br>Language-<br>Instructor<br>(Deaf)        | (4) 1: NILD Kolkata 1: CRC Sikkim 1: CRC Tripura 1: CRC Patna | 40000.00            | Graduate in any discipline from recognized university     Certificate in C Level/DTISL course recognized by RCI     Valid RCI Registration   |  |  |  |  |  |
|     |   | 1: CRC Patila   | 35000.00            | <ol> <li>1. 12<sup>TH</sup> Pass and Enrolled in any graduate program</li> <li>2. subject to condition that they will complete graduation within three years of appointment as teacher</li> <li>3. Certificate in C Level/DTISL course recognized by RCI</li> <li>4. Valid RCI Registration</li> </ol> |  |  |  |  |  |
| 2   | Indian Sign<br>Language-<br>Master<br>Trainer<br>(Deaf) | (4) 1: NILD Kolkata 1: CRC Sikkim 1: CRC Tripura 1: CRC Patna | 45000.00            | <ol> <li>Graduate in any discipline from recognized university</li> <li>Certificate in C Level/DTISL course recognized by RCI</li> <li>Valid RCI Registration</li> <li>Three (3) years teaching experience</li> </ol>  |  |  |  |  |  |
| 3   | Indian Sign<br>Language<br>Interpreter                  | (4) 1: NILD Kolkata 1: CRC Sikkim 1: CRC Tripura 1: CRC Patna | 40000.00            | <ol> <li>Graduate in any discipline from recognized university</li> <li>Certificate in C level/DISLI course recognized by RCI</li> <li>Valid RCI Registration</li> </ol>   |  |  |  |  |  |

Contd...2/-

#### **General Terms & Conditions:**

- 1 The engagement will be purely on contract basis on consolidate remuneration initially for 11 (Eleven) months and may be extended at the discretion of the competent authority based on good conduct and satisfactory performance of the incumbent and subject to Institute requirement.
- 2 The selection of candidates will be done through Personal Interviews on hybrid (online and offline both) mode
- 3 The engagement is purely contractual in nature and does not confer any right for regularization or permanent absorption. The appointee will not be entitled to any allowances, financial benefits or concession as admissible to government employees. Statutory deduction will be made according to rules.
- 4 Number of vacancy as indicated may vary as per Institute requirement. Institute shall prepare panel of selected candidates & same shall valid for One year from the date of recommendation. Engagement of candidate shall be considered on the basis of vacancy if arises and subject to validity of panel.
- 5 Canvassing and/or bringing influence in any form will disqualify the candidature.
- 6 He/She is expected to conform to the rules of conduct and discipline as applicable to the Institute employees.
- 7 The candidate should not have been convicted by any Court of Law and Central Vigilance Commission.
- 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.
- 9 The upper age limit will be reckoned on the date of selection.
- 10 Tenure of appointment on contract of retired employees should be maximum up to age of 65 years.
- 11 **Age limit:** Maximum age limit will be 56 years (age shall be reckoned as on the date of selection).
- 12 Experience may be relaxed by the Competent Authority for otherwise eligible and suitable candidates.
- 13 The competent authority reserves the right of any amendment, cancellation and changes to this advertisement as a whole or in part without assigning any reason or giving notice.
- Any dispute arising out of this Advertisement including the recruitment process shall be subject to the sole jurisdiction of the Courts situated at Kolkata only.
- The Demand Draft (Non-refundable) of **Rs.300/-** (Rupees Three Hundred Only) drawn in favour of **National Institute for the Orthopaedically Handicapped** should be submitted along with the application. Separate application should be submitted for each post. The candidate should clearly mention their name & post applied for on the back side of Demand Draft. **No fee is prescribed for candidates belonging to SC/ST/Women & PwDs (Divyangjan).**
- 16 The application fee payment can be made also through online mode in the following account details:-

Account Name:- NIOH (National Institute for Orthopaedically Handicapped)

Account Number:- 53015297593 Name of the Bank:- State Bank of India

IFSC Code:- SBIN0030468

Name of the branch: NIOH Campus Branch

Candidates are required to take a printout of the payment details including UTR No./UPI No./UPI Ref No. made through online mode & should be submitted along with the application. **No fee is prescribed for candidates belonging to SC/ST/Women & PwDs (Divyangjan).** The online application fee is non-refundable.

17 Candidate should write the 'Name of the Post and Institute/Centre' applied for along with advertisement Number on the top of the application form and separate application should be made if applying for more than one post.

Sd/-

## FORMAT OF APPLICATION (Faculty/Instructors of DISLI Course)

| Advertisement No.   |                                    |                         |                            |                |                            |                   |                       |         |                    |                       |               |               |               |                  |                        |
|---|------------------------------------|-------------------------|----------------------------|----------------|----------------------------|-------------------|-----------------------|---------|--------------------|-----------------------|---------------|---------------|---------------|------------------|------------------------|
| Position Applied for  |                                    |                         |                            |                |                            |                   | - :                   |         |                    |                       |               |               |               |                  |                        |
| Applied for Institute/Centre                                |                                    |                         |                            |                |                            |                   | <u> </u>              | A       | ···· D             |                       |               |               |               |                  |                        |
| Details of Demand Draft /Online payment DD/UTR DD Date      |                                    |                         |                            |                |                            |                   | :                     | Amoi    |                    | s.<br>Bank            |               |               |               |                  |                        |
| ·   |                                    |                         |                            |                |                            |                   | Diaw                  | 11 011  | Dalik              |                       |               |               |               |                  |                        |
| No.   |                                    |                         |                            |                |                            |                   |                       |         |                    |                       |               |               |               |                  |                        |
| 1   | Name in full (                     |                         |                            |                |                            | :                 |                       |         |                    |                       |               |               |               |                  |                        |
| 2   |                                    | Father's/Husband's Name |                            |                |                            |                   |                       |         |                    |                       |               |               |               |                  | cc:1c                  |
| 3   | Gender & Marital Status            |                         |                            |                |                            |                   |                       |         |                    |                       |               |               |               |                  | affix self             |
| 4   | Permanent A                        | ddr                     | ess inclu                  | ding P         | in code                    | :                 |                       |         |                    |                       |               |               |               |                  | sted recent            |
|   |                                    |                         |                            |                |                            |                   |                       |         |                    |                       |               |               |               |                  | sport size<br>otograph |
|   |                                    |                         |                            |                |                            |                   |                       |         |                    |                       |               |               |               | pii              | otograpii              |
| 5   | 5 Correspondence address including |                         |                            | :              |                            |                   |                       |         |                    |                       |               |               |               |                  |                        |
|   | Pin code                           |                         |                            |                |                            |                   |                       |         |                    |                       |               |               |               |                  |                        |
|   |                                    |                         |                            |                |                            |                   |                       |         |                    |                       |               |               |               |                  |                        |
| 6   | Contact detail                     | s (F                    | Phone No                   | o. & En        | nail ID)                   | :                 |                       |         |                    |                       |               |               | l             |                  |                        |
|   |                                    | - (                     |                            |                | ,                          | •                 |                       |         |                    |                       |               |               |               |                  |                        |
| 7   | (a) Date of Bi                     | th                      |                            |                |                            | :                 | Date                  |         |                    | Month                 |               |               | Y             | ear              |                        |
|   | (Self attested cop                 |                         |                            |                | e attached)                |                   |                       |         |                    |                       |               |               |               |                  |                        |
|   | (b) Age as on                      | 01-                     | 10-2024                    |                |                            | :                 | Year                  |         |                    | Months                | S             |               |               | ays              |                        |
| 8   | Nationality                        |                         |                            |                |                            | :                 |                       |         |                    |                       |               |               |               |                  |                        |
| 9   | Religion                           |                         |                            |                |                            |                   |                       |         |                    |                       |               |               |               |                  |                        |
| 10  | (a) State your                     | ca                      | tegory ((                  | Gen/SC         | /ST/OBC)                   | :                 |                       |         |                    |                       |               |               |               |                  |                        |
|   | (attached certific                 | ate)                    |                            |                |                            |                   |                       |         | 1                  |                       |               |               |               |                  |                        |
|   | (b) Whether                        |                         |                            |                |                            | :                 |                       | If yes, |                    |                       |               |               |               |                  |                        |
|   | (If yes, attach sel                |                         |                            |                |                            |                   |                       |         |                    | % of disability       |               |               |               |                  |                        |
| 11  | Whether Regi                       |                         |                            |                | ouncil                     | :                 | Reg                   | g. No.  | Reg. Valid up      |                       | l up to       | Name          |               | of Council       |                        |
|   | (If yes, attach cop                | у ог                    | certificate                | 9)             |                            |                   |                       |         |                    |                       |               |               |               |                  |                        |
| 12  | Educational Q                      | ual                     | ification                  | s begii        | nning with 10              | )th               | std. on               | wards   | (Atta              | iched co              | pies of       | mark sheet    | & certif      | icates           | )                      |
|   | nination Passed                    |                         | Year of                    |                | arks details               |                   | % of                  | Div/    | Board /            |                       |               | Subject Taken |               |                  |                        |
| LAGI  | illiation i assea                  |                         | passing Max                |                |                            |                   | narks                 | Class   | Universit          |                       |               |               | Subject Taken |                  |                        |
|   |                                    | 1                       |                            | mark           |                            |                   |                       |         |                    |                       |               |               |               |                  |                        |
|   |                                    |                         |                            | marks obtained |                            |                   |                       |         |                    |                       |               |               |               |                  |                        |
|   |                                    |                         |                            |                |                            |                   |                       |         |                    |                       |               |               |               |                  |                        |
|   |                                    |                         |                            |                |                            |                   |                       |         |                    |                       |               |               |               |                  |                        |
| Profe   | essional / Tech                    | nica                    | al Oualifi                 | ication        | s (Attached o              | nn                | ies of n              | nark sh | neet &             | certific              | ates)         |               |               |                  |                        |
| Professional / Technical Qualifications (Attached co        |                                    |                         |                            |                |                            |                   |                       | 10010   |                    |                       | C-11/I        |               | C1            |                  |                        |
| Examination Passed Year of Marks details                    |                                    |                         |                            | % of<br>narks  |                            |                   | Board /<br>University |         | College/Institutio |                       | Subject Taken |               |               |                  |                        |
|   |                                    | passing                 |                            | Max<br>mark    | -                          | 1                 | nai Ko                | Glass   |                    | Olliversi             | ity           |               |               |                  |                        |
|   |                                    | -                       | illat                      |                | S Obtained                 |                   |                       |         |                    |                       |               |               |               |                  |                        |
|   |                                    |                         |                            |                |                            |                   |                       |         |                    |                       |               |               |               |                  |                        |
|   |                                    |                         |                            | _              |                            |                   | I                     |         | _                  |                       | I             |               |               | 1                |                        |
| 14  | Work Experie                       |                         |                            |                | *                          |                   | experie               | nce to  |                    |                       |               |               |               |                  |                        |
| Name and address of Designation Scale of pay &              |                                    | ż                       |                            | P              |                            | Period of Service |                       |         |                    | ire of work and level |               |               |               |                  |                        |
| Organisation  |                                    |                         | & Job Type<br>(Regular/ /( |                | Grade Pay<br>/Consolidated | ٦                 | Fro                   | m       |                    | То                    | Year          | Month         | of            | responsibilities |                        |
|   |                                    | Contra                  |                            |                | 1                          |                   |                       |         |                    |                       |               |               |               |                  |                        |
|   |                                    |                         |                            |                |                            |                   |                       |         |                    |                       |               |               |               |                  |                        |
|   |                                    |                         |                            |                |                            |                   |                       |         |                    |                       |               |               |               |                  |                        |
|   | I = .                              |                         |                            |                |                            |                   | 1                     |         | i                  |                       | 1             | _1            | l .           |                  |                        |
|   |                                    |                         |                            |                |                            | :                 |                       |         |                    |                       |               |               |               |                  |                        |
| and details thereof   |                                    |                         |                            |                |                            |                   |                       |         |                    |                       |               |               |               |                  |                        |
| Any other relevant information that you may like to furnish |                                    |                         |                            |                | :                          |                   |                       |         |                    |                       |               |               |               |                  |                        |
|   |                                    |                         |                            |                |                            |                   | 1                     |         |                    |                       |               |               |               |                  |                        |
| I her   | reby declare th                    | at I                    | have re                    | ad the         | provisions g               | give              | n in th               | ie adve | ertise             | ment an               | d all th      | e statemen    | ts made       | and i            | nformation             |

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: -

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Signature of the Candidate

Place: -