

**COMPOSITE REGIONAL CENTRE FOR SKILL DEVELOPMENT, REHABILITATION & EMPOWERMENT
OF PERSONS WITH DISABILITIES [CRC – KOZHIKODE]**

(Under the administrative control of NIEPMD, Chennai)
Department of Empowerment of Persons with Disabilities (Divyangjan)
Ministry of Social Justice & Empowerment, Government of India
Golf Link Road, Chevayur PO, Kozhikode, Kerala – 673 017



VACANCY NOTIFICATION (TEMPORARY): No. 03/2025-26/CDEIC/CRCK

ENGAGEMENT OF STAFF (CONSULTANT)

The Director, CRC Kozhikode invites eligible applicants for a walk in interview / selection process to engage on contractual basis at the Cross Disability Early Intervention Centre (CDEIC) at Composite Regional Centre for Skill Development, Rehabilitation & Empowerment of Persons with Disabilities, Kozhikode (CRC-K).

**Venue: CRC Kozhikode, CRC Campus, Golf Link Road, Chevayur P.O.,
Kozhikode, Kerala – 17.**

Date & Time: 18 August 2025 (Monday) 10:00 A.M.

S.No	Name of the Position	No. of vacancy	Consolidated salary per month	Essential & Desirable Qualification
1	Physiotherapist (Consultant)	01	Rs. 35,000-	Essential: i. Bachelor in Physiotherapy. Desirable: i. Two years of relevant experience.
2	Occupational Therapist (Consultant)	01	Rs. 35,000-	Essential: i. Bachelor of Occupational Therapy. Desirable: i. Two years of experience in the relevant field.
3	Trained Caregiver (Consultant)	01	Rs. 20,000-	Essential: i. School Final Pass (SSLC) with RCI recognized Certificate in Care Giving. Desirable: 2 years of experience in handling children with disabilities.

IMPORTANT NOTE:

- This engagement will be purely temporary and only **for a period up to 31 March 2026** and the engagement will cease after 31st March 2026 without any notice.
- The incumbent will be paid consolidated honorarium on monthly basis only. 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).
- CRC-K will retain data of applications received from non-shortlisted candidates only for a period of three months after completion of recruitment process i.e. the issuance of offer letter to the selected candidate.
- Candidate to bring filled in application in the prescribed format. Candidates to report with all testimonials/certificates in original and one set of self-attested true copies, One passport size photograph, Aadhaar or any valid ID proof.
- **The Candidates are requested to report before 10.00 A.M on 18-08-2025 (Monday).**

Sd/-
Director
CRC-K
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State:

Pin-code:

Phone No (Land Line):

Mobile No:

Email Id:

12. 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 Qualification	Discipline	University /Inst/Board	Year & Month of Entry	Year & Month Passed	Full Time/Part Time/Correspondence	% of Marks

13. 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

14. 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	To	Nature of Work presently dealing with(attach proof/experience certificate	Total period of Exp in Years & Months

15. Why you think you are suitable for the post you have applied for (Details within one page) attach separately):

16. Reference of three persons with whom you have interaction during your work or study period)

S.No	Names, Designation and Address	Phone No & Mail ID
1		
2		
3.		

17. 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 E A R

Signature of the Applicant