



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

(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 P.O., Kozhikode, Kerala – 673 017



**NOTICE INVITING APPLICATIONS TO BE ENGAGED AS ASSISTANT PROFESSOR  
SPEECH & HEARING (CONSULTANT) ON HOURLY BASIS AT CRC KOZHICODE**

The Director, CRC Kozhikode invites applications from eligible candidates to be engaged as Assistant Professor Speech & Hearing (Consultant) on hourly basis / session basis at Composite Regional Centre for Skill Development, Rehabilitation & Empowerment of Persons with Disabilities, Kozhikode (CRC-K).

Name of the Position	Qualification	Experience	Honorarium per session (02 hours) * Maximum 04 session per day
Assistant Professor Speech & Hearing (Consultant)	<b><u>Essential:</u></b> - Post-Graduation (MASLP). - Valid RCI registration.	Less than 03 years	Rs. 400- per session
		03 Years and above	Rs. 450- per session
		06 years and above	Rs. 500- per session

Interested eligible candidates can submit their applications in the attached format along with self-attested copies of all testimonials/certificates to the following address **on or before 17<sup>th</sup> September 2025:**

THE DIRECTOR  
CRC KOZHICODE  
GOLF LINK ROAD  
CHEVAYUR P.O.  
KOZHICODE – 673017

*For more details, please contact CRC-K Office 0495-235 33 45.*

Sd/-  
Director  
CRC Kozhikode

**NOTICE INVITING APPLICATIONS TO BE ENGAGED AS ASSISTANT PROFESSOR  
SPEECH & HEARING (CONSULTANT) ON HOURLY / SESSION BASIS AT CRC  
KOZHIKODE**

**Assistant Professor Speech & Hearing  
(Consultant)**

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- |     |   |   |
|-----|---|---|
| 1.  | Name of Applicant:<br>(in full Block Letters):  | <table border="1" style="width: 100%; height: 20px; margin-bottom: 5px;"></table>   |
|     |   | D D M M Y E A R Age   |
| 2.  | Date of Birth:<br>(Enclose Copy of Certificate)   | <table border="1" style="width: 100%; height: 20px; margin-bottom: 5px;"></table>   |
| 3.  | Citizenship Status:   | Citizen of India <input type="checkbox"/> By Birth <input type="checkbox"/> By Domicile   |
|     | (Please Tick)   |   |
| 4.  | Aadhaar No:   | <table border="1" style="width: 100%; height: 20px; margin-bottom: 5px;"></table>   |
| 5.  | RCI/MCI Registration No:<br>(Applicable in case of Faculty & Technical Positions)                                       | <table border="1" style="width: 100%; height: 20px; margin-bottom: 5px;"></table>   |
| 6.  | Name of Father/Spouse:  | <table border="1" style="width: 100%; height: 20px; margin-bottom: 5px;"></table>   |
| 7.  | Nationality:  | <input type="checkbox"/> Indian <input type="checkbox"/> Foreign <input type="checkbox"/> NRI   |
| 8.  | Gender:   | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> others   |
| 9.  | Category :<br>(Attach certificate)  | <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/> General <input type="checkbox"/> Ex-Service man         |
| 10. | Are you Persons with Disability:<br>others<br>(If yes, mention the category of<br>Disability with relevant Certificate) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> OH <input type="checkbox"/> VI <input type="checkbox"/> HI <input type="checkbox"/> |
| 11. | Address for Communication:  | <table border="1" style="width: 100%; height: 20px; margin-bottom: 5px;"></table>   |
|     | House No & Street Name  | <table border="1" style="width: 100%; height: 20px; margin-bottom: 5px;"></table>   |
|     | Village/City:   | <table border="1" style="width: 100%; height: 20px; margin-bottom: 5px;"></table>   |
|     | District:   | <table border="1" style="width: 100%; height: 20px; margin-bottom: 5px;"></table>   |
|     | Post Office:  | <table border="1" style="width: 100%; height: 20px; margin-bottom: 5px;"></table>   |
|     | State:  | <table border="1" style="width: 100%; height: 20px; margin-bottom: 5px;"></table>   |
|     | Pin-code:   | <table border="1" style="width: 100%; height: 20px; margin-bottom: 5px;"></table>   |
|     | Phone No (Land Line):   | <table border="1" style="width: 100%; height: 20px; margin-bottom: 5px;"></table>   |

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14. Experience in chronological order upto the present post:-

*(Attach a separate sheet if required)*

<b>Name of Organization/</b>	<b>Designation/ Post held</b>	<b>whether on Regular Basis or on Deputation or on Contract Basis etc.,)</b>	<b>Salary drawn (Pay band + G.P to be mentioned in case of Govt. organization)</b>	<b>From</b>	<b>To</b>	<b>Nature of Work presently dealing with(attach proof/experience certificate</b>	<b>Total period of Exp in Years &amp; Months</b>

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