



NATIONAL INSTITUTE OF PHYSICAL MEDICINE & REHABILITATION

(An Autonomous institution under Department of Social Justice)

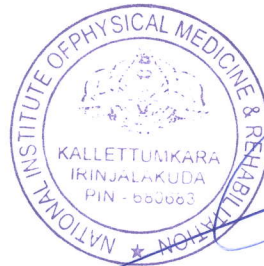
File No. NIPMR/SJD/16/2023

14/07/2023

CONTRACT APPOINTMENT

National Institute of Physical Medicine and Rehabilitation (NIPMR) is an autonomous institution under Social Justice Department Government of Kerala. NIPMR invites applications for the following posts for academic programme/ clinical service of NIPMR. The appointments are purely on temporary basis (monthly consolidated contract pay). Applicants shall submit the details in the prescribed format to hr@nipmr.org.in and the hard copy of the e mailed application along with self-attested copies to prove qualification and experience via registered post addressing Executive Director, National Institute of Physical Medicine and Rehabilitation, Kallettumkara P O, Irinjalakuda, Thrissur, Kerala 680 683.on or before 24th July 2023, 5 PM. The envelope containing application should be superscribed "Application for the position of _____".

Sl. No	Name of the Post	Number of Post	Qualification	Monthly Remuneration
1.	Lecturer BOT	2	Master of Occupational Therapy / Bachelor of Occupational Therapy with 3 years of Experience	Rs.45,000/month
2.	Occupational Therapist	6	Bachelor of Occupational Therapy	Rs.30,995/month
	Last date for the submission of application : 24 th July 2023, 5 PM			
	E mail address hr@nipmr.org.in			
	For details log on to www.nipmr.org.in or contact 7560870111			
Unsigned applications and the applications received after the stipulated date and time will not be considered. If the candidate applies for more than one post, separate applications should be sent for each post. Those who have applied for these posts earlier need not apply again				



Executive Director



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Latest Passport Photo (Official)

Full Name (First Name, Middle Name and Surname):

Post Applied for :

Date of Birth and Age/Gender:

Qualifications/Degrees (With College/University Information; Month/Year of Passing and Grade/Class):

S. No.	Institution/College & University Name and Address and Contact Information	Course (Qualification Degree)	Month/Year of Joining	Month/Year of Passing	Percentage and Grade/Class
1.					
2.					
3.					
4.					

Certification Courses (If any with Validity Period):

Language Proficiency:

Permanent Postal Address:

Present Postal Address:

Telephone Number (with ISD and STD code):

Mobile Number (with ISD and STD code):

Email ID:

Respective Council Membership Number:

Membership of Other Organizations, if any:

Past Places and Last Place of Work/Institutional Work Experiences (Include Detailed Postal Address):

S. No.	Institution/College/Hospital Name and Address and Contact Information	Designation (Clinical or Teaching)	Date of Joining (From)	Date of Resignation /Relieving (To)	Total Months & Years of Experience
1.					
2.					
3.					
4.					

*May Add Rows for More Number of Experiences. Also Specify both Clinical and Teaching Experiences in Two Separate Tables.

Number of Academic/Research Presentations: (Submit the numbered list of presentations in chronological order, starting from latest)

S. No.	Title of Presentation	Year of Presentation	Details	Link / URL if any
1.				
2.				
3.				
4.				

Awards and Honours

Extra-Curricular Activities

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.

Full Name and Signature with date