

**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 P.O., Kozhikode, Kerala – 673 017

Phone: 0495 – 235 33 45 Email: crckozhikode@gmail.com



VACANCY NOTIFICATION: No. 06/2022-23/CRCK

ENGAGEMENT OF LECTURER IN SPECIAL EDUCATION (CONSULTANT)

Applications are invited from eligible Indian Nationals for engagement to the position of **LECTURER IN SPECIAL EDUCATION (CONSULTANT)** on contract basis at Composite Regional Centre for Skill Development, Rehabilitation and Empowerment of Persons with Disabilities, Kozhikode, Kerala (CRC-K).

Sl. No	Name of the Position	No. of posts	Qualification	Honorarium
1.	Lecturer in Special Education (Consultant)	04 (11 Months contract)	Essential: (i) Master's Degree in any discipline with not less than 50% of marks. (ii) M.Ed. Degree in ID/MD/ASD with not less than 55% of marks or an equivalent grade of B+ in 10- point scale of UGC OR an equivalent degree from a foreign university recognized by RCI. (iii) Valid registration with RCI. Desirable: (i) M.Phil / Ph.D in Special Education or Education with research emphasis on Special Education; (ii) Experience for a period of at least 2 years as teacher or researcher in the area of specific disability. (iii) UGC – NET qualified.	Rs. 39,600/- PM. (Consolidated)

IMPORTANT NOTE:

- The above posts will be filled purely on temporary basis on short term contract for a period of 11 months.
- The selected candidate will be entitled to only lump sum monthly consolidated remuneration as mentioned against the post. No other Allowances such as Dearness

Allowance/House Rent Allowance/Medical Allowance/GPF/NPS and other allowances entitled for Government servant will be paid.

- iii. Maximum age limit will be 50 years (Age shall be reckoned as on closing date of receipt of application).
- iv. GOI norms will be followed for any kind of relaxation.
- v. The envelope containing application should be super scribed “Application for the post of LECTURER SPECIAL EDUCATION (CONSULTANT) at CRC Kozhikode”.
- vi. Bringing in any type of Political/Official interference, influence, canvassing, other pressures in any form etc., will render disqualification of the candidature and action as deemed fit will be taken against such candidates. No correspondence in this matter will be entertained.
- vii. NIEPMD/CRC-K will retain data of applications received from non-shortlisted candidates only for a period of six months after completion of recruitment process i.e., the issuance of offer letter to the selected candidate.

APPLICATION FORM DULY FILLED IN, SUPPORTED WITH SELF-ATTESTED PHOTOCOPIES SHOULD BE SUBMITTED WITHIN 15 DAYS FROM PUBLISHING OF THE ADVERTISEMENT IE; **ON OR BEFORE 20-10-2023**, TO THE DIRECTOR, COMPOSITE REGIONAL CENTRE FOR SKILL DEVELOPMENT, REHABILITATION & EMPOWERMENT OF PERSONS WITH DISABILITIES, KOZHIKODE [CRC-K], GOLF LINK ROAD, CHEVAYUR P.O., KOZHIKODE, KERALA – 673 017.

Note: - Those who have applied previously for the post(Vacancy Notification No.03/2022-23/NIEPMD/CRCK dated 29-03-2023) need not to apply afresh.

**Sd/-
DIRECTOR
CRC KOZHIKODE**

Application form for Contractual Post: Lecturer in Special Education (Consultant)

Lecturer in Special Education
(Consultant)

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| 1. Name of Applicant:
(in full Block Letters): | <input type="text"/> |
| | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 2. Date of Birth:
(Enclose Copy of Certificate) | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 3. Citizenship Status: Citizen of India <input type="checkbox"/> By Birth <input type="checkbox"/> By Domicile
(Please Tick) | |
| 4. Aadhaar No: | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <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. RCI/MCI Registration No:
(Applicable in case of Faculty & Technical Positions) | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 6. Name of Father/Spouse: | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 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 :
(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:
(If yes, mention the category of
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"/> others |
| 11. Address for Communication: | <input type="text"/> |
| House No & Street Name | <input type="text"/> |
| Village/City: | <input type="text"/> |
| District: | <input type="text"/> |
| Post Office: | <input type="text"/> |
| State: | <input type="text"/> |
| Pin-code: | <input type="text"/> |
| Phone No (Land Line): | <input type="text"/> |
| Mobile No: | <input type="text"/> |

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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 :

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Date :

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D D M M Y E A R

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Signature of the Applicant