



'बेटी बचाओ बेटी पढ़ाओ'

To be uploaded on Institute's website

भारत सरकार / Government of India
स्वास्थ्य एवं परिवार कल्याण मंत्रालय / Ministry of Health and Family Welfare
अखिल भारतीय भौतिक चिकित्सा एवं पुनर्वास संस्थान
ALL INDIA INSTITUTE OF PHYSICAL MEDICINE AND REHABILITATION
हाजी अली, के. के. मार्ग, महालक्ष्मी, मुम्बई- 400 034.
Haji Ali, K.K.Marg, Mahalaxmi, Mumbai - 400 034.

Notification for Ad-hoc Appointment to the post of Occupational Therapist

Screening Test is scheduled to be held on 13.3.2018 at 10.30 am on 2nd Floor Classroom (Room no. 212) of this Institute, to fill up One (1) post of Occupational Therapist on ad-hoc basis for a period of one year (with periodic break after every 89 days of appointment) or till the post is filled on regular basis, whichever is earlier.

1. Name of the post : Occupational Therapist
2. Number of posts : One (1)
3. Educational & other qualification : **Essential:**
 - i) Degree or Diploma in Occupational Therapy from an Indian University or a recognised School or equivalent qualification from abroad.
 - ii) Post-graduate training and experience in Occupational Therapy.
 - iii) Two years practical experience in recognised Hospital or Institute as an additional qualification.
4. Age : 30 years and below
5. **Screening test will consist of 30 MCQs of 2 marks each (total 60 marks) based on Undergraduate syllabus of Occupational Therapy**
Duration - 10.30 am to 11.00 am (30 minutes)
There will be no negative marking

The examination will be followed by the verification of certificates.

Eligible candidates are instructed to report in Room no. 201, Establishment Section at 10.00 a.m. with following certificates in original and one set of attested photocopies along with duly filled in prescribed application form:

- i. Certificate of age/ date of birth.
- ii. Certificates related to educational qualifications.
- iii. Experience certificate, if any.
- iv. No objection certificate if employed.

Director

**ALL INDIA INSTITUTE OF PHYSICAL MEDICINE AND REHABILITATION
MUMBAI – 400 034.**

Application form for the post of: _____

1. Name in Full (Capital letters) : _____
 2. sex : _____
 3. Age & Date of Birth : _____
 4. Nationality : _____
 5. Address for Communication : _____

Signature of the
applicant across
the photograph

Mobile No.: _____

E-Mail Address: _____

6. Permanent Address : _____

7. Educational Qualifications:

Name of Examination	Class/Division	Year of Passing	Institute/college attended	University

8. Experience/details of employment in chronological order:

Name of Employer	Designation	Pay Scale	Nature of Duties	Period of stay		Last pay drawn	Reason for Leaving
				From	To		

11. List of enclosures:

UNDERTAKING

I hereby declare that all the statements made in this application are true and completed to the best of my knowledge & belief. I understand that the department can take action against me in case, I am declared by them to be guilty of furnishing any wrong information or suppressing any facts.

Signature of Candidate

No Objection Certificate of the Employer

Certified thatholds post of
 in (Name of the institution/organization). The
 Institution/Organisation is having No Objection if his/her candidature is being considered for the post.

Place :
Date :

Signature
Name & Designation with stamp