



Government of India  
Ministry of Health and Family welfare  
Central Leprosy Teaching and Research Institute  
Chengalpattu-603 001, Tamil Nadu



\*\*\*\*\*

No.F2(3)EI/95/Vol-II/

Dated :

**NOTIFICATION**

Applications are invited in the prescribed format from the eligible candidates for the post of Assistant Physiotherapist under General category for Direct Recruitment.

S.No.	Post Name & Pay Scale	No of Posts	Educational Qualification
1	<b>Assistant Physiotherapist</b> PB-1, Rs.5200-20200 + Rs.2400 Grade Pay (pre-revised) LEVEL-4 (Revised)	01 -UR	1. Passed Matriculation or Equivalent. 2. Certificate of having passed Physiotherapist Technician Course from a recognized Leprosy Institution.

**Duties and Responsibilities:**

1. To assist the Physiotherapist and Surgeons in providing pre and post operative Treatment to Leprosy Patients admitted in the wards.
2. To provide Physiotherapy Treatment to Leprosy Patients, who attend the OPD.
3. To assist the Physiotherapist and Surgeons in conducting Research studies and also rendering assistance in imparting Training to the Physiotherapy Technician Trainees.

**Age:** 18 to 25 years. 5 years relaxation given for SC & ST candidates, 3 Years for OBC Candidates and additionally 10 years relaxation provided as per the DoPT guideline to Persons with Disabilities as on **31.12.2018**(Regarding age relaxation, subject to fulfillment of prescribed conditions in accordance with the Instructions or orders issued by the government of India from time to time for Direct Recruitment).

The applicants should enclose all the certificates with self-attestation in respect of Educational Qualification, Technical Qualification, Community Certificate, Experience Certificate (the experience rendered in the relevant field a proof of documentary evidence, that the individual was in the Pay Roll or payment particulars / Employees Provident Fund (EPF) Enrolment Number etc., are to be submitted to count the experience to get the benefit) and other relevant proof (related to the post),if any, should also be enclosed.

Those, who are working in Central or state Government, Autonomous Institutions, Public sector undertaking on permanent / temporary / contract / Ad-hoc basis, should send their applications through proper channel along with "No Objection Certificate" (NOC). Serving candidates claiming for Age relaxation as per rule under Central Civil Service rules, relevant proof should be submitted. The last date for receipt of application is 30 days from the date of publication of this advertisement in the CLTRI Official Website, Leading News Paper, Employment Exchange and the National Career Service (NCS) Portal(Ministry of Labour and Employment) whichever is earlier.

Filled application with necessary enclosure should be sent to "**THE DIRECTOR, CENTRAL LEPROSY TEACHING AND RESEARCH INSTITUTE, RECRUITMENT CELL, 1<sup>ST</sup> FLOOR, ADMINSTRATIVE BLOCK, CHENGALPATTU-603 001**" only by post. Incomplete and incorrect application, without signature in the application, not enclosing self-attested photo and document copies, false information given in the application and application received after due date will be summarily rejected. Applications submitted by hand and sent through Mail / Fax cannot be accepted.

Any form of canvassing (directly/indirectly) will not be entertained, if it is so, the candidature of the Candidates will be summarily rejected. The undersigned is having the right to postpone or cancel the notification at anytime without assigning any reason.

  
11/11/18  
DIRECTOR

✓  
Notice Board /Official Website -[www.cltri.gov.in](http://www.cltri.gov.in)/ National Career Service (NCS) Portal.

**Application for the post of Assistant Physiotherapist**

(Paste Self  
attested  
Passport)

1. Name :
2. Father/Husband Name :
3. Age :
4. Date of Birth :
5. Sex (Male /Female) :
6. Community :
7. Seeking any special category(as per CCS Rule)relaxation : Yes / No  
Whether Documentary evidence submitted? : Yes / No
8. Nationality / Religion :
9. Address for Communication :
10. E-mail address/Cell No :
11. Educational & Technical Qualification :

Sl.No	Exam passed	Govt /Private	Year of Passing	Board//Institute	Percentage of Marks obtained

12. Experience/details of employment in chronological order :

Name and address of the Institution/Hospital (Including Govt/Private institution)	Name of the post & status (Permanent or temporary)	Period		Scale of Pay of the post	Nature of Work
		From	To		

**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 the guilty of furnishing any wrong information or suppressing any facts.*

Date :  
Place :

Signature of the Candidate.

**\*( To be filled by the parent office / Department)**

Certified that the particulars furnished above by the candidate have been verified from his/her service records and found to be correct. It is also certified that no vigilance case is either pending or contemplated against him/her. His/ her ACRs (attested copies) are enclosed.\* Wherever it is applicable.

Date and place :

Signature of the Head of Office.