

Employment News

WEEKLY

(19 - 25 April 2025)

भारत सरकार
Government of India
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
Ministry of Health and
Family Welfare
स्वास्थ्य सेवा महानिदेशालय -
Directorate General of Health
Services

अखिल भारतीय
भौतिक चिकित्सा एवं
पुनर्वास संस्थान
All India
Institute of
Physical
Medicine and
Rehabilitation

हाजी अली, के.के. मार्ग, महालक्ष्मी
मुंबई-400034

संदर्भ सं.: स्था/भर्ती/बीएमई/129
Ref. No.: Est/Emp/BME/

दिनांक: 09/04/2025

Advertisement Notification
for recruitment to the
following posts by
Deputation (including short-
term contract)

Applications are invited for
recruitment to the following
posts to be filled on Deputation
(including short-term contract):

01. Name & Pay Scale of the
Post : Assistant Brace Maker
(Prosthetics & Orthotics)
Level 5 (Rs. 29200-92300) in
pay matrix

No. of posts : 02

Mode of Recruitment :
Deputation (including short-
term contract)

02. Name & Pay Scale of the
Post : Assistant Brace Maker
(Leather & Footwear) Level
5 (Rs. 29200-92300) in pay
matrix

No. of posts : 01

Mode of Recruitment :
Deputation (including short-
term contract)

For detailed information,
prescribed proforma and
any corrigendum/ addendum
please visit the Institute's
website: www.aiipmr.gov.in.

Applications in the prescribed
format giving full details along
with bio-data may be forwarded
through proper channel to the
Director, All India Institute
of Physical Medicine &
Rehabilitation, Haji Ali, K.
Khadye Marg, Mahalaxmi,
Mumbai - 400 034, within
60 days of publication of
the advertisement in the
Employment News.

निदेशक/Director
EN 3/85

Last date of receiving of application is 17.06.2025

भारत सरकार / Government of India
स्वास्थ्य एवं परिवार कल्याण मंत्रालय / Ministry of Health and Family Welfare
स्वास्थ्य सेवा महानिदेशालय / Directorate General of Health Services
अखिल भारतीय भौतिक चिकित्सा एवं पुनर्वास संस्थान
ALL INDIA INSTITUTE OF PHYSICAL MEDICINE AND REHABILITATION
हाजी अली, के. के. मार्ग, महालक्ष्मी, मुम्बई - 400 034.

संदर्भ सं.: स्था/भर्ती/बीएमई/ 129
Ref.No.: Estt/Emp/BME/

दिनांक : 09/04/2025
Dated : 2025

It is proposed to fill up Gr. 'C' Non-Gazetted posts of **Assistant Brace Maker (Prosthetics and Orthotics) – two posts and Assistant Brace Maker (Leather & Footwear) – one post** by deputation (including short term contract) in All India Institute of Physical Medicine and Rehabilitation, Mumbai. The particulars of the posts and other requirements are as follows: -

Sl. No.	Name & Pay scale of the post	No of post	Eligibility criteria
1	Assistant Brace Maker (Prosthetics & Orthotics) Level 5 (₹ 29200-92300) in pay matrix	02	<p>For deputation (including short-term contract): Officers of the Central Government or State Governments or Union territory Administration,- (a) (i) holding analogous post on a regular basis in the parent cadre or department; and (ii) with five years of service rendered after appointment to the post on a regular basis in the level-4 in the pay matrix (Rs.25500-81100) or equivalent in the parent cadre or department, and (b) possessing the following educational qualifications and experience,- (i) Degree in Prosthetic and Orthotic from recognised University or institute</p> <p>Note 1: The departmental officers in the feeder category who are in the direct line of promotion shall not be eligible for consideration for appointment on deputation. Similarly, the deputationists shall not be eligible for consideration for appointment by promotion.</p> <p>Note 2: The period of deputation (including short-term contract) including the period of deputation (including short term contract) in another Ex-cadre post held immediately preceding this appointment in the same or some other organization or department of the Central Government shall ordinarily not exceed three years.</p> <p>Note 3: The maximum age-limit for appointment by deputation (including short-term contract) shall not exceed fifty-six years as on the closing date of receipt of applications.</p>

...2/-

2	Assistant Brace Maker (Leather & Footwear) Level 5 (₹ 29200- 92300) in pay matrix	01	<p>For Deputation (including short term contract): Officers of the Central Government or State Governments or Union territories, - (a)(i) holding analogous post on a regular basis in the parent cadre or department or (ii) with five years of service rendered after appointment to the post on a regular basis in level 4 in the pay matrix (Rs. 25500-81100) or equivalent in the parent cadre of department; and (b) possessing the following educational qualifications and experience- (1) Degree in Prosthetic and Orthotic from recognized University or institution.</p> <p>Note 1: The departmental officers in the feeder category who are in the direct line of promotion shall not be eligible for consideration for appointment on deputation. Similarly, the deputationists shall not be eligible for consideration for appointment by promotion.</p> <p>Note 2: The period of deputation (including short-term contract) including period of deputation in another Ex-cadre post held immediately preceding this appointment in the same or some other organization or department of the Central Government shall ordinarily not exceed three years.</p> <p>Note 3: The maximum age-limit for appointment by deputation (including short term contract) shall not exceed fifty-six years as on the closing date of receipt of applications.</p>
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Applications in the prescribed format giving full details along with bio-data may be forwarded through proper channel to the Director, All India Institute of Physical Medicine & Rehabilitation, Haji Ali, K. Khadye Marg, Mahalaxmi, Mumbai – 400 034, within 60 days of publication of the advertisement in the Employment News.

Sd/-

निदेशक / Director

- आवेदन फार्म पद : _____
1. अभ्यर्थी का पूरा नाम (बड़े अक्षरों में) : _____
2. लिंग : _____
3. आयु एवं जन्म तारीख : _____
4. अभ्यर्थी की श्रेणी : _____
(एससी, एसटी,ओबीसी अथवा सामान्य)
5. राष्ट्रीयता : _____
6. पत्रव्यवहार के लिए पता : _____

फोटोपर आवेदक
के हस्ताक्षर

- मोबाईल नं. :- _____ ई-मेल का पता : _____
7. स्थायी पता : _____

8. शैक्षणिक योग्यता _____

परीक्षा का नाम	कक्षा/प्रभाग	उत्तीर्ण वर्ष	संस्थान/कॉलेज	यूनीवर्सिटी

9. कालानुक्रम में रोजगार का अनुभव विवरण

नियोक्ता का नाम	पदनाम	वेतनमान	कार्य का प्रकार	रुकने की अवधि	अंतिम वेतन	छोड़ने का कारण
				से	तक	

11. सूची संलग्नक :

वचनबद्ध

मैं एतद्वारा घोषणा करता/करती हूँ कि इस आवेदन में दिए गए सभी विवरण मेरे ज्ञान और विश्वास सहीत अनुस्वार सही है। मैं समझता हूँ कि अगर मुझे किसी भी गलत जानकारी देने या किसी भी तथ्य को दबाने के तिष्ठ दोषी पाया गया तो विभाग मेरे खिलाफ कार्रवाई कर सकता है।

आवेदन के हस्ताक्षर

नियोक्ता का अनापत्ति प्रमाणपत्र

प्रमाणपत्र किया जाता है कि _____, _____ के पद पर _____ है संस्थान/संगठन का नाम। अगर उनकी उम्मीदवारी को पद के विचार किया जाएगा तो संस्थान/संगठन को इससे कोई आपत्ति नहीं है।

स्थान
दिनांक

हस्ताक्षर
नाम एवं पदनाम मुहर सहित

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

APPLICATION FOR THE POST OF

1. Name in Full (Capital letters) : _____
2. sex : _____
3. Age & Date of Birth : _____
4. Category of the candidate : _____
(SC,ST,OBC,General, PH)
5. Nationality : _____
6. Address for Communication : _____

Signature of the
applicant across
the photograph

Mobile No.: _____ E-Mail Address: _____

7. Permanent Address : _____

8. Educational Qualification

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

9. 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		

10. 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 Candidates

No Objection Certificate of the Employer

Certified that Shri/Smt.....holds a post in this.....(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