

**NATIONAL INSTITUTE FOR EMPOWERMENT OF PERSONS WITH
MULTIPLE DISABILITIES (DIVYANGJAN)**



Accredited by NAAC ISO 9001:2015 (HRD & Clinical Services)
(DEPwD (Divyangjan), Ministry of Social Justice & Empowerment, Govt. of India)
ECR, Muttukadu, Kovalam Post, Chennai-603 112.

Department of Adult Independent Living (DAIL)

Expression of Interest (EOI)

**For Subject Experts in Maths, English, and Social Sciences -
Free coaching scheme for competitive examinations to Persons with Disabilities**

We invite Expressions of Interest (EOI) from qualified and experienced subject experts in Maths, English, and Social Sciences to provide coaching for students with disabilities who are preparing for competitive examinations.

Eligibility Criteria:

Educational Qualification : Graduate/Postgraduate degree in the respective Subject (Maths, English, or Social Sciences).

Experience : Proven teaching experience in the Respective subject.

Preferred Experience : Prior work experience in teaching students with disabilities or multiple disabilities

Application Process : Interested candidates are requested to submit their EOI, including a detailed resume highlighting their qualifications and experience, in the enclosed application format expressing their interest in this role and how they can contribute to the competitive competence of students with disabilities.

Last date for submission of application: on or before 31st August 2024.

Contact Details: DAIL, NIEPMD. Phone: 044-27472113, ext. 320 & 368, Mobile: 8124862799, 9361462840 & 9382934157. Email: niepmd.dail@gmail.com

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~Accredited by NAAC~ ~ISO9001:2015~
Dept. of Empowerment of Persons with Disabilities (Divyangjan),
Ministry of Social Justice & Empowerment, Govt. Of India
East Coast Road, Muttukadu, Kovalam Post, Chennai - 603 112.
Email: niepmd.dail@gmail.com, Website: www.niepmd.tn.nic.in



Application Format
Subject Expert for Free Coaching
Scheme for Student with Disabilities

Recent Passport
size Photograph
(5 cm X 4.5 cm)
to be affixed &
attested

- 1.NIEPMD (D) Advt. No. :
- 2.Name in Full (Capital Letters)
(as in Matric/Degree Certificate) :
- 3.Date of Birth : Day Month Year
(Enclose copy of matric certificate)
- 4.Citizenship Status : Citizen of India By Birth By Domicile
- 5.Member of Scheduled Caste (SC)
/ Tribe (ST) / Other Backward
Class (OBC) / Person with
Disability (PwBD) etc., : Write SC or ST or OBC (Attach certificate)
Indicate if Ex-Serviceman (ES) or
Person with Disability (PWD)
- Parents of PwDs
- Sibling of PwDs
- 6.Address for Communication :
(With telephone/ mobile no. &
Email id)
- 7.Permanent residential Address :
(With telephone/ mobile no. &
Email id)

8. Name of Father / Husband :

9. Details of Education starting from matric (SSLC/X Std.,) onwards: - (to give details Only On Passed Courses & Where Degree/Certificates etc., Are Already Awarded/Issued.

Academic Qualification	Discipline	University /Inst./Board	Year & Month of Entry	Year & Month of Passed	Full Time/Part Time/Corresp.	Marks/ Class / Division

10. RCI / MCI No. /Any other: _____

11. Experience in chronological order upto the present post: External Expert

Organisation /Department / Office	Designation/ Post held (also state whether on Regular Basis or on Deputation etc.,)	From	To	Salary / Honorarium Drawn	Nature of Work presently dealing with (attach proof / experience certificate) see note
		(If on contract basis mention the term of contract)			

12. Additional Qualification / Certificate Courses if any (Training, Apprentice programs attended, refresher courses completed etc.,)

Course / Competitive exams	Duration	Certificate/ Organisation	Whether Govt authorized/recognized	Class/Mark/details

13. Whether attending competitive exam - If yes

Name of the exam	Year	Result / Percentage of marks

14. 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 :

Date :

Signature of the Applicant With full name in Block letters