

NATIONAL INSTITUTE FOR EMPOWERMENT OF PERSONS WITH MULTIPLE DISABILITIES (Divyangjan) (Dept. of Empowerment of Persons with Disabilities (Divyangjan), Ministry of Social Justice & Empowerment, Govt. of India) Muttukadu, East Coast Road, Kovalam (P.O), Chennai - 603 112 Tamil Nadu – India. Phone: 044 – 27472046, 27472104, 27472113, 27472423 ~ Accredited by NAAC~ ~ ISO 9001:2015~

VACANCY NOTIFICATION: CONSULTANT No. 04/2023

Date: 12.01.2023

The Director, NIEPMD, Chennai invites applicants for a walk-in interview/selection process to engage staff member on contract.

Venue:NIEPMD, East Coast Road, Muttukadu, Chennai - 603 112.Date:01.02.2023Time:11.00 AM

(Room No. 52, 1st Floor- Therapeutics NIEPMD)

Sl. No.	Name of the Position	No. of Post	Qualification	Remuneration
1.	Occupational Therapist (Consultant)	01 (89 day basis)	Essential: 1. Bachelor in Occupational Therapy.	Rs. 375/- per session. Maximum of 4 sessions per day. (Approx. Rs.30,000/- per month).

Note:

- This engagement will be purely temporary and only for a period of 89 days and the engagement will cease after the 89th day without any notice. Renewal of engagement for further 89 days is subject to project need and performance.
- The incumbent will be paid honorarium on monthly basis. No other allowances such as DA/ HRA/ MA/ GPF/ NPS and other allowance will be admissible.
- The incumbent will have **NO RIGHT** to claim for any regularization or extension/ renewal of engagement in any circumstances.
- Candidates should bring filled in application in the prescribed format (Attached).
- Candidates to report with all testimonials/certificates in original and one set of self-attested true copies, two passport size photographs, Aadhar or any valid ID proof.
- NIEPMD(D) will retain data of applications received from the candidates only for a period of three months after completion of recruitment process i.e., the issuance of offer letter to the selected candidate.
- The Candidates are requested to report before 11.00 A.M on **01.02.2023**.

Sd/-DIRECTOR NIEPMD



National Institute for Empowerment of Persons with Multiple Disabilities (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. Tele – Fax : +91-44-27472389, Telephone : 27472104, 27472113. Toll Free No: 18004250345

Website: <u>www.niepmd.tn.nic.in</u>

E-mail: niepmd@gmail.com

	Recent Passport size Photograph		
	Post Applied For:		(5 cm X 4.5 cm) to be affixed
1.	Advertisement No/Date:		size Photograph (5 cm X 4.5 cm) to be affixed &attested Domicile
2.	Name in Applicant: (in full Block Letters):		
-	Date of Birth: (encloseCopy of Certificate)		
4.	Citizenship Status : (Please Tick)	Citizen of India By Birth By Domicile	
5.	Aadhaar No:		
6.	RCI/MCI Registration No: (Applicable in case of Faculty &Technical Positions)		
7.	Name of Father/Spouse:		
8.	Nationality:	Indian Foreign NRI	
9	Gender:	Male Female others	
10). Category : (Attach certificate)	SC ST OBC General Ex-Servic	e man 🗌
(Are you Persons with Disabili If yes, mention the category of Disability with relevant Certifica	ty: Yes No OH VI HI o	

12. Address for Communication: House No & Street Name	
Village/City:	
District:	
Post Office:	
State:	
Pin-code:	
Phone No(Land Line):	
Mobile No:	
Email Id:	

13.Details of Education starting from Matric (SSLC/X Std.,) onwards :- (to give details only onpassed courses &where Degree/Certificates etc., are already awarded/issued):

Academic Qualification	Discipline	University /Inst/Board	Year & Month of Entry	Year & Month Passed	Full Time/Part Time/Correspondence	% of Marks

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

Course	Duration	Certificate/ Organization	Whether Govt authorized/recognized	Class/Mark/details

15. 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	То	Nature of Work presently dealing with(attach proof/experience certificate	Total period of Exp in Years & Months

16. Why you think you are suitable for the post you have applied for (Details within one page):

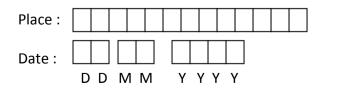
17.Reference of three persons with whom you have interaction during your work or study period)

S.No	Names, Designation and Address with Phone No & Mail ID
1	
2	
3.	
5.	
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18. 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 beliefand I fully understand that if it is found at a later date that any information given in the applicationis incorrect / false or if I do not satisfy the eligibility criteria, my candidature / appointment is liableto be cancelled / terminated.



S	ignature of the Applicant	