

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

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MANPOWER ENGAGEMENT NOTIFICATION: CONSULTANT No. 05/2024 Date: 23.02.2024

NIEPMD invites applications from eligible candidates for the following contractual post. These positions will be filled up on contractual basis for a period of 11 months. Details are furnished below:

Sl. No	Name of the Position	No. of Vacancy	Qualification	Remuneration
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1.	Lecturer Special Education (Consultant)	03 (11 months contractual basis)	Essential: 1. Masters Degree in any discipline with not less than 50% of Marks. 2. M. Ed Special Education (MD) with not less than 55% of marks with experience for a period of 2 years as faculty or researcher in the area of multiple disabilities. or M.Ed Special Education in any specialization with not less than 55% of marks with experience for a period of 5 years. Out of which 2 years as faculty or researcher in the area of multiple disabilities. 3. Valid Registration with RCI. Desirable: 1. M.Phil/ Ph.D in Special Education/ Education	Rs.39,600/- per month (Consolidated Pay)
2.	Lecturer Clinical Psychology (Consultant)	02 (11 months contractual basis)	with research emphasis on Multiple Disabilities. Essential: 1. M.Phil Clinical Psychology from RCI recognized Institute. 2. Valid RCI Registration as professional 3. Two years of experience in Clinical/teaching/research in the relevant field after completion of the qualifying degree. Desirable: 1. Experience in working with persons with multiple disabilities.	Rs.39,600/- per month. (Consolidated Pay)

Note:

- This engagement will be purely temporary and only for a period of 11 months and the engagement will cease after the 11 months without any notice. Renewal of engagement for further 11 months is subject to project need and performance.
- The selected candidate will be entitled to only the lump sum monthly consolidated remuneration as mentioned against each post. No other allowances such as Dearness allowance/House rent allowance/Medical allowance/GPF/NPS and other allowances entitled for Government servant will be paid.
- Duration of Ph. D will be considered as Experience as per UGC guidelines. Application fee of Rs. 500/- for each post in the mode of Demand Draft made in favor of Director, NIEPMD, payable at Chennai need to be enclosed. No fee is prescribed for candidates belonging to SC/ST/PH category and Female candidates.

- NIEPMD will retain data of applications received from non-shortlisted candidates only for a period of six months after completion of recruitment process i.e., the issuance of offer letter to the selected candidate.
- The envelope containing application should be superscribed "Application for the post of _____ (Consultant)".
- Bringing in any type of Political/Official interference, influence, canvassing, other pressures in any form etc., will render disqualification of the candidature and action as deemed fit will be taken against such candidates. No correspondence in this matter is entertained.

APPLICATION FORM DULY FILLED SUPPORTED WITH SELF-ATTESTED PHOTOCOPIES SHOULD BE SUBMITTED WITHIN 21 DAYS FROM PUBLISHING OF THE VACANCY NOTIFICATION IN THE WEBSITE. (ie., Last date for submission of application is 15.03.2024).

DIRECTOR NIEPMD(D)



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.

 $\label{eq:Tele-Fax: +91-44-27472389} Telephone: 27472104, 27472113.$

Toll Free No: 18004250345 Website: www.niepmd.tn.nic.in E-mail: niepmd@gmail.com **Application form** Recent Passport size Photograph (5 cm X 4.5 cm) to **Post Applied For:** be affixed &attested 1. Advertisement No/Date: 2. Name in Applicant: (in full Block Letters): YYYY D D M_M 3. Date of Birth: (encloseCopy of Certificate) 4. Citizenship Status: Citizen of India By Birth By Domicile (Please Tick) 5. Aadhaar No: 6. RCI/MCI Registration No: (Applicable in case of Faculty &Technical Positions) 7. Name of Father/Spouse: NRI Indian Foreign 8. Nationality: 9. Gender: Female others Male SC ST OBC General Ex-Service man 10. Category: (Attach certificate) Category 11. Are you Persons with Disability: Yes No ОН others (If yes, mention the category of

Disability with relevant Certificate)

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

	hy you think you are suitable for the post you have applied for (Detain one page):	ls
	ferenceof three persons with whom you have interaction g your work or study period)	
S.No	Names, Designation and Address with Phone No & Mail ID	
1		
2		
3.		
	ny other relevant information the applicant want to mention, if any (at s if necessary): DECLARATION OF THE APPLICANT	ttach additional
inform	I hereby declare that the information given above is correct to edge and beliefand I fully understand that if it is found at a lateration given in the applicationis incorrect / false or if I do not sation, my candidature / appointment is liableto be cancelled / terminated	er date that any isfy the eligibility
Place	:	

Signature of the Applicant

Date :

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