

NATIONAL INSTITUTE FOR EMPOWERMENT OF PERSONS WITH MULTIPLE DISABILITIES (Divyangjan), (NIEPMD)

(Dept. of Empowerment of Persons with Disabilities (Divyangjan), MSJ & E, Govt. of India) ECR, Muttukadu, Kovalam Post, Chennai - 603 112, Tamil Nadu Fax: 044-27472389 Tel: 044-27472104, 27472113&27472046, 27472104, 27472423, Toll Free No: 18004250345 Website: www.niepmd.tn.nic.in E-mail: niepmd@gmail.com

VACANCY NOTIFICATION : CONSULTANT (TEMPORARY) No. 09/2020 Date : 09. 03. 2020

The Director, NIEPMD, Chennai invites applicants for a walk in interview/selection process for engagement of a Sr. Therapist (Speech Pathologist Grade - I)(Consultant) for Dept. of Speech, Hearing and Communication (Consultant).

Venue:NIEPMD, DEPwD, MSJ&E, GOI, Muttukadu, Chennai-603 112.Date:31. 03. 2020Time:11.00 am. (Room No. 68, II Floor, Dept. of Speech, Hearing and Communication)

| Name of the Position | No. of Vacancy | Qualification | Remuneration |
|----------------------|-------------------|---|-----------------------|
| Sr. Therapist | 01 | <u>Essential:</u> i. M.Sc. (Sp.& Hg)/ M. ASLP or | Rs. 400/- per session |
| (Speech Pathologist | | its equivalent M.Sc. (Speech | for 4 sessions a day |
| Grade - I) | | Language Pathology). ii. Valid RCI Registration. iii. Two years experience in the | and approximately Rs. |
| (Consultant) | | relevant field. | 32,000/- 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 consolidated honorarium only. 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.
- Candidate to 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.
- The Candidates are requested to report at Room No. 68, II Floor, Dept. of Speech, Hearing and Communication before 11.00 A.M on 31. 03.2020.

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 &attested |
| 1. | Advertisement No/Date: | | |
| 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 | | y thers |

| 12. Address for Communication: House No & Street Name | |
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| Village/City: | |
| District: | |
| Post Office: | |
| State: | |
| Pin-code: | |
| Phone No(Land Line): | |
| Mobile No: | |
| Email Id: | |
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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 |
|---------------------------|------------|---------------------------|--------------------------------|---------------------------|---------------------------------------|---------------|
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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 |
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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 |
|--------------------------|---------------------------|--|---|------|----|---|--|
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16. Why you think you are suitable for the post you have applied for (Details within one page):

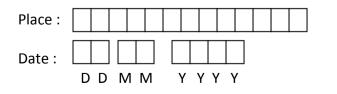
17.Reference of three persons with whom you have interaction during your work or study period)

| S.No | Names, Designation and Address with Phone No & Mail ID |
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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 | |
|---|---------------------------|--|