



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

(Dept. of Empowerment of Persons with Disabilities (Divyangjan), MSJ & E, Govt. of India)
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VACANCY NOTIFICATION : CONSULTANT (TEMPORARY) No. 32/2020

Date : 22.10.2020

The Director, NIEPMD, Chennai invites applicants for a walk in interview/selection process for engagement of Clinical/Technical Staff (Consultants) for the Dept. of Speech, Hearing and Communication (Consultant).

Venue: NIEPMD, East Coast Road, Muttukadu, Chennai-603 112.

Date: 05. 11. 2020

Time: 11.00 am. (Room No. 68, II Floor, Dept. of Speech, Hearing and Communication)

| Name of the position | No. of vacancies | Qualification | Remuneration |
|---|------------------|---|---|
| Clinical Therapist (Grade – 1 ASLP) (Consultant) | 01 | Essential i. M.Sc (Sp & Hg)/ MASLP /M.Sc (Audiology)/ M.Sc. (SLP) or its equivalent. ii. Valid RCI registration. | Rs. 375/- per session for 4 sessions per day. Approximately Rs. 30,000/- per month. |
| Ear Mould Technician (Consultant) | 01 | Essential : i. Diploma in Hearing Aid Repair and Ear Mould Technology. ii. Valid RCI registration. | Rs. 250/ per session for 4 sessions per day. Approximately Rs. 20,000/- 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 05 . 11. 2020.

Sd/-

**DIRECTOR (Offg.)
NIEPMD**

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. | |

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 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 :
D D M M Y Y Y Y

Signature of the Applicant