



(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. 34/2020 Date: 02.11.2020

The Director, NIEPMD, Chennai invites applicants for a walk - in selection process for engagement of Consultants for the National Board of Examination in Rehabilitation (NBER)

Venue: NIEPMD, ECR, Muttukadu, Chennai-603 112.

Date: 13.11.2020

Time: 10.00 AM (Room No. 99, Second Floor, NIEPMD)

Name of the post	No. of post	Qualification	Remuneration (Consolidated pay with no other allowances)
Consultant	02	i. Post-Graduation in any RCI approved course. ii. Registration with RCI. iii. Two years of experience in the field of Rehabilitation. iv. Skills in Hindi Reading and Writing Desirable: Ph. D.	Rs.36, 000/- per month.
Jr. Consultant	02	i. Degree with RCI Qualification. ii. Registration with RCI. iii. Skills in Hindi reading and writing. Desirable: Experience in related field.	Rs. 24,000/- per month.
Data Entry Operator (Consultant) One with Hindi Typing Skills and One with English Typing Skills	02	i. Graduation in any Discipline. ii. Hindi/English Typing. iii. Skills in Hindi reading and writing.	Rs. 16, 000/- per month.

Note:

- This engagement will be purely temporary and only for a period of 06 months and the engagement will cease after the 06th month without any notice. Renewal of engagement for further 06 months 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.
- Those interested to attend the selection process may report in person with all their credentials in original and a valid ID proof.
- Report at Room No. 99, Second Floor, NIEPMD, at 09. 45 AM on 13.11.2020.

Sd/DIRECTOR (Offg.)
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.

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

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 :

D D M M

Y Y Y