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

ept. 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

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$\frac{\text{COMPOSITE REGIONAL CENTRE FOR SKILL DEVELOPMENT, REHABILITATION AND}}{\text{EMPOWERMENT OF PERSONS WITH DISABILITIES (CRC) PORT BLAIR, ANDAMAN & NICOBAR ISLANDS}}{\text{Vacancy Notification (Temporary) No. 11/2021}}$ $\frac{\text{Date} - 29.11.2021}{\text{Date}}$

The Director, NIEPMD, Chennai invites applicants for a walk-in /online interview/selection process for engagement of Staff Members (Consultants) on contract basis at Composite Regional Centre for Skill Development, Rehabilitation and Empowerment of Persons with Disabilities (CRC), Port Blair, Andaman & Nicobar Islands, established to serve as resource centre in disability rehabilitation for all categories. These positions will be filled up on contractual basis for a period of 89 days. Details are furnished below:

Venue: NIEPMD, DEPwD, MSJ&E, GOI, Muttukadu, Chennai-603 112.

Date: **08.12.2021**

Time: Walk in interview: 11.00 AM to 01.00 PM (Room No. 52, Dept. of

Therapeutics,

1st Floor NIEPMD)

Online Interview: 02.00 PM to 04.00 PM

SI.	Name of the post	No.	Salary	Qualification & Experience
No.		of	(Consolidated –	
		post	Fixed)	
1.	Special Educator cum	1	Rs.250/- per	Essential:
	Vocational Instructor	(00	session for a	1. Diploma in Special
	(Consultant)	(89	maximum of four	Education
		day)	sessions per day	
2.	Senior Consultant or	1	Rs.400/- per	Essential:
	Consultant (On	,	session for MOT	1. Master in Occupational
		/ 00		
	contract)	(89		Therapy/ Bachelor in
	contract)	day)	(4 sessions per	Therapy/ Bachelor in Occupational Therapy
	contract)Preference will be	,	(4 sessions per day)	13.
	,	,	· •	Occupational Therapy

(Occupational	Rs.375/- per	
Therapy)	session for BOT	
	(4 sessions per day)	

Note:

- This engagement will be purely on temporary basis 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. 52, Ist Floor, Department of Therapeutics (for walk in Interview) before 10.00 A.M on 08.12.2021.
- Those interested to attend the Online (Virtual Mode) may send a note to the E-mail niepmdhra@gmail.com containing their personal particulars, post interested in, E mail id, phone number, address etc. as to establish contact for an online / telephonic interview, if necessary. This note shall be sent to the said E Mail on or before 06.12.2021(05.00 PM).

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.

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

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 OH 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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