

## NATIONAL INSTITUTE FOR EMPOWERMENT OF PERSONS WITH MULTIPLE DISABILITIES (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

#### Employment Notice No.06/2017

The Director, NIEPMD, Chennai invites applicants for walk in interview/selection process for CCCG at NIEPMD Extension Centre, Coimbatore, from the eligible candidates for the following positions to be filled purely on contractual basis.

# Venue:NIEPMD, DEPwD, MSJ&E, GOI, Muttukadu, Chennai-603 112.Date:18th August 2017.Time:10.00am.

All positions are for: NIEPMD Extension Centre, Coimbatore.

Sl	Name of Posts	Number	Consolidate	Essential Qualification
No		of Posts	Pay	
•				
1	Contractual Faculty	1	Rs.20,000	1. B.Sc in Nursing/Psychiatric Nursing/
	(Nursing) for Certificate			Rehabilitation Professional or General
	course in Care Giving at			Nursing.
	NIEPMD Extension			2. Having Minimum 3 years' experience.
	Centre, Coimbatore.(On			
	Contract)			
2	<b>Contractual Faculty</b>	1	Rs.15,200	1. Diploma/B.Ed in Special Education in
	(Special Education) for			MR.
	Certificate course in Care			2. Having Minimum 3 years' experience.
	Giving at NIEPMD			3. Should be a RCI registered personnel in
	Extension Centre,			course-related specialization.
	Coimbatore. (On			-
	Contract)			

Note:

- No application fee to be charged.
- Candidate to bring filled in application in the prescribed format.
- Candidates to report with all testimonials/certificates in original and one set of self-attested true copy.
- Two passport size photographs.
- Aadhaar or any valid ID proof.

#### **DIRECTOR, NIEPMD**

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**Application form for Contractual Posts** 

	Post Applied For:		
1.	Advertisement No/Date:		Recent Passport size Photograph
2.	Name of Applicant: (in full Block Letters):		
3.	Date of Birth: (enclose Copy of Certificate)		
4.	Citizenship Status : Citizen (Please Tick)	n 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	
	). Category : (Attach certificate)	SC ST OBC General	Ex-Service mar

<ul><li>11. Are you Persons with Disability:</li><li>(If yes, mention the category of Disability with relevant Certificate)</li></ul>	Yes	No	ОН	VI	н	Others
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 on **passed** 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

16. Innovative, Developmental works undertaken & significant achievements: (If applicable) (Enclose supporting documents)

S.No	Particulars	Number
1	Patent	
2	Publication of Books	
3	Publication of articles in Indian Journals	
4	Publication of articles in International Journals	
5	Projects	
6	Paper Presentations in Seminar/Conference/Workshop	
7	Membership of Professional Bodies/Universities	

17. Why you think you are suitable for the post you have applied for (Details within one page):

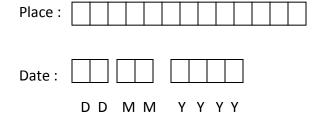
18.Reference of three persons with whom you have interaction during your work or study period)

S.No	Names, Designation and Address with Phone No & Mail ID
1	
2	
3.	

19. 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.



Signature of the Applicant