

## 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, 27472423, Toll Free No: 18004250345 Website: www.niepmd.tn.nic.in E-mail: niepmd@gmail.com

## Employment Notice No.10/2019

Date: 31.05.2019

The Director, NIEPMD, Chennai invites applicants for a walk in interview/selection process for engagement of Consultants from eligible candidates.

## Venue:NIEPMD, DEPwD, MSJ&E, GOI, Muttukadu, Chennai-603 112.Date:11th June, 2019.Time:10.00 am.

SI. No	Name of the Position	No. of Posts Honorarium	Qualification					
1.	Clinical Staff Sr. Level (Consultant)	1No. Rs.325/- Per session for 4 sessions per day.	Essential:       i.       Post-Graduation with B.Ed. SE (MD/ASD) or D.Ed. SE (MD/ASD/CP)         ii.       Minimum two years experience in the field of disabilities.         Desirable:       i.       Computer Knowledge					
2	Placement Officer (Consultant)	1No. Rs.350/- Per session for 4 sessions per day.	Essential:       i.       Post Graduation with M.Ed. SE (MD/ASD) or B.Ed. D.Ed. SE (MD/ASD/CP)         ii.       Minimum five years experience in the field of disabilities.         Desirable:       i.         i.       Computer Knowledge					
3.	Vocational Instructor in Printing Technology (Consultant)	1 No. Rs. 225/- Per session	<ul> <li>Essential: <ul> <li>a. 10<sup>th</sup> /12<sup>th</sup> with Certificate, Diploma in Printing Technology.</li> <li>b. Minimum 02 years experience in the field of Digital Printing Technology</li> </ul> </li> <li>Desirable: <ul> <li>a. Computer Knowledge</li> </ul> </li> </ul>					

Note:

- This engagement will be purely temporary and only for a period of 89 days and the engagement will cease after the 89<sup>th</sup> day without any notice.
- The incumbent will be paid honorarium on session basis only. No other allowances such as DA/ HRA /MA/ GPF/ NPS and other allowance will be admissible.
- The incumbent will have no rights to claim for any regularization or extension/ renewal of engagement in any circumstances.
- No application fee will 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 copies, Two passport size photographs, Aadhar or any valid ID proof.



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	
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

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

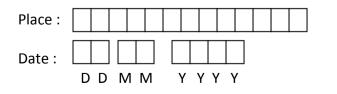
17.Reference of three persons with whom you have interaction during your work or study period)

S.No	Names, Designation and Address with Phone No & Mail ID
1	
2	
3.	
5.	
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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	