

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

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Employment Notice No.22/2019 Date: 26.07.2019

The Director, NIEPMD, Chennai invites applicants for a walk in selection process for engagement of a Library Assistant.

Venue: NIEPMD, DEPwD, MSJ&E, GOI, Muttukadu, Chennai-603 112. Date: 09. 08. 2019

Time: 11.00 am. (Room No. 95, Information and Media Officer, 2nd Floor)

Name Position	of	Number	Educational Qualification	Remuneration	
Library Assistant		1	Essential:i.Bachelor of Library and Information Science (B.Li. I. Sc).ii.Two years experience in library work.	Rs. 275/- per session.	

Note:

- This engagement will be purely temporary and only for a period of 89 days and engagement will cease after the 89th day without any notice.
- The incumbent will be paid honorarium on session basis. 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. 95, Media and Information Office. In the second floor of the main building before 11.00 A.M on 09. 08.2019.

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. 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

	Post Applied For:		(5 cm X 4.5 cm) to be affixed			
1.	Advertisement No/Date:		be affixed &attested			
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					

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	