

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

[Department of Empowermentof Persons with Disabilities (Divyangjan), Ministry of Social Justice & Empowerment, Gol]



East Coast Road, Muttukadu, Kovalm (Po), Chennai – 603112

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WALK-IN INTERVIEW (Advt. No.: 08/2018)

Hiring of **Clinical Staff Junior Level (02 post)** at **Department of Adult Independent Living** on **Contractual session basis** at **NIEPMD**, Chennai.

Qualification & Eligibility:

- \rightarrow +2 with DVR(MR) / DVTE(MR) [or]
- ➤ +2 with Diploma in Special Education (ASD/CP/DB/MD) [or]
- > Degree with B. Ed in Special Education (ASD/DB/MD).
- Preference will be giving to applicant having experience having in working with Adult with MD/ASD/CP.
 - Valid registration with RCI as professional/ Personnel.
 - Proficiency in English & Computer skills

Date : 21/06/2018 Time: 10.00 am to 1.00 pm Venue: NIEPMD, Muttukadu, Kovalam, Tamil Nadu-603 112.

> Sd/-Director

| (Dept. of I Minist East Coast | Empowerment of Persons with Multiple Dis Empowerment of Persons with Disabilities (Div cry of Social Justice & Empowerment, Govt. of I st Road, Muttukadu, Kovalam (Post), Chennai-6 elephone : 27472104, 27472113. Toll Free No: 1 n.nic.in E-mail: <u>niepmd@</u> | yangjan), ndia) 503 112. 18004250345 | | | | | | | |
|---|---|---|--|--|--|--|--|--|--|
| | Nalk in Interview (Advt. No. 08/2018)Recent Passport size Photograph (5 cm X 4.5 cm) to be affixed &attested | | | | | | | | |
| Post applied for | (On | session basis) | | | | | | | |
| Name in Applicant: (in full Block Letters): | | | | | | | | | |
| Date of Birth: (Enclose Copy of Certificate) | D D M M Y Y Y Age | | | | | | | | |
| Citizenship Status: Citizen of In (Please Tick) | dia By Birth 🗌 By Domicile 🗌 | | | | | | | | |
| 5. Aadhaar No: | | | | | | | | | |
| 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 thers | | | | | | | | |
| 10.Category: SC ST OBC (Attach certificate) | General Ex-Service man | | | | | | | | |
| 11. Are you Persons with Disability (If yes, mention the category of Disability with relevantCertificate) | | | | | | | | | |

6.

12. Address for Communication:

| House No & Street Name | |
|------------------------|--|
| | |
| Village/City: | |
| District: | |
| Post Office: | |
| State: | |
| Pin-code: | |
| Phone No (Landline): | |
| Mobile No: | |
| Email Id: | |
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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 |
|---------------------------|------------|---------------------------|--------------------------------|---------------------------|---------------------------------------|---------------|
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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 |
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15. Experience in chronological order upto the present post: - (Attach a separate sheet if required)

| Name of Organization/ | Designation/ Post held | State 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 (date/ month/ Year | To (date / month/ Year) | Nature of Work presently dealing with(attach proof/experience certificate | Total period of Exp in year & months |
|--------------------------|---------------------------|---|---|----------------------------------|----------------------------------|---|--|
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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 – attach separately):

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

| S.No | Names, Designation and Address | Phone No & Mail ID |
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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 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.

| Place : | | | | | | | | |
|---------|-------|----|--|--|--|---|---|--|
| Date : | | | | | | - | - | |
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Signature of the Applicant