

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

Phone: 044-27472113, 27472046, 27472423 Fax: 044-27472389 Toll Free : 1800 4250 345 https://niepmd.tn.nic.in Email:niepmd@gmail.com

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:	

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	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

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
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 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 :						-	-	
DDM	MY YY	Ϋ́						

Signature of the Applicant