

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

(Dept. of Empowerment of Persons with Disabilities (Divyangjan), MSJ & E, Govt. of India) ECR, Muttukadu, Kovalam Post, Chennai - 603 112, Tamil Nadu

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Website: www.niepmd.tn.nic.in E-mail: niepmd@gmail.com

## VACANCY NOTIFICATION: CONSULTANT (TEMPORARY) No. 27/2020 Date: 29. 09. 2020

The Director, NIEPMD, Chennai invites applicants for a walk-in interview/selection process to engage a Placement Officer (Consultants) for the Dept. of Adult Independent Living (DAIL).

Venue: NIEPMD, East Coast Road, Muttukadu, Chennai-603 112.

Date: 06. 10. 2020

Time: 11.00 AM (Room No. 79, Dept. Adult Independent Living, (DAIL) 2st Floor

NIEPMD)

Name of the Position	No. of Vacan cies		Qualification	Remuneration
Placement Officer (Consultant)	01	i.	Post Graduate with M.Ed. SE / B.Ed. SE (ASD /MD / ID) or D.Ed. SE (ASD/CP) Minimum 5 years experience in the field of disabilities and working with adults.	Rs. 400/- per session.  Maximum of 4 sessions per day. (Approximately Rs. 32,000/- per month)

## 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. Renewal of engagement for further 89 days is subject to project need and performance.
- The incumbent will be paid consolidated honorarium only. 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. 79, 2<sup>nd</sup> Floor, Department of Adult Independent Living before 11.00 A.M on 06.10.2020.

Sd/-DIRECTOR (Offg.) 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.

 $\label{eq:Tele-Fax: +91-44-27472389} Telephone: 27472104, 27472113.$ 

Toll Free No: 18004250345
Website: www.niepmd.tn.nic.in E-mail: niepmd@gmail.co

Website: <u>www.niepmd.tn.n</u>	ic.in 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:		
<ol><li>Name in Applicant: (in full Block Letters):</li></ol>	D D M M Y Y Y Y	
<ol><li>Date of Birth: (encloseCopy of Certificate)</li></ol>		
4. Citizenship Status : (Please Tick)	Citizen of India By Birth By Domicile	
5. Aadhaar No:		
<ol> <li>RCI/MCI Registration No: (Applicable in case of Faculty &amp;Technical Positions)</li> </ol>		
7. Name of Father/Spouse:		
8. Nationality:	Indian Foreign NRI	
9. Gender:	Male Female others	
10. Category : (Attach certificate)	SC ST OBC General Ex-Service	
11. Are you Persons with Disabil (If yes, mention the category of Disability with relevant Certific		y 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 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

	hy you think you are suitable for the post you have applied for (Detain one page):	ls
	ferenceof three persons with whom you have interaction g your work or study period)	
S.No	Names, Designation and Address with Phone No & Mail ID	
1		
2		
3.		
knowl	ny other relevant information the applicant want to mention, if any (at a sif necessary):  DECLARATION OF THE APPLICANT  I hereby declare that the information given above is correct to edge and beliefand I fully understand that if it is found at a lateration given in the applicationis incorrect / false or if I do not sation, my candidature / appointment is liableto be cancelled / terminated	the best of my er date that any sfy the eligibility
Place		

Signature of the Applicant

Date :

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