

## 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

## <u>VACANCY NOTIFICATION : CONSULTANT (TEMPORARY) No. 28/2020</u> Date : 29. 09. 2020

The Director, NIEPMD, Chennai invites applicants for a walk-in interview/selection process to engage a Clinical Psychologist (Consultants) for the Dept. of Clinical Psychology to work on the National Mental Health Helpline (KIRAN).

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

Date: 07. 10. 2020

Time: 11.00 AM (Room No. 37, 1st Floor, Dept. of Clinical Psychology.

NIEPMD)

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Name of the Position	No. of Vacan cies	Qualification	Remuneration
		Essential:	
Clinical Psychologist (Male)	01	M. Phil in Clinical/	Rs. 400/- per session.
(Consultant)		Rehabilitation Psychology.	Maximum of 4 sessions per day.
		Note: The selected candidate	(Approximately Rs. 32,000/-
		will be required to work on	per month)
		Mental Health Helpline during	
		off hours. Must be able to	
		communicate well in English	
		and Tamil.	

## 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. 37, 1st Floor, Department of Clinical Psychology before 11.00 A.M on 07.10.2020.

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	
	Application form	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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