

#### NATIONAL INSTITUTE FOR EMPOWERMENT OF PERSONS WITH MULTIPLE DISABILITIES (Divyangjan) (NIEPMD) (Accredited by NACC) (ISO 9001:2015) (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

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

### VACANCY NOTIFICATION: CONSULTANT (TEMPORARY) NO.37/2019 Date: 01.10.2019

Applications are invited from Indian Nationals who are eligible for engagement to the following temporary consultant positions on contract basis at **Composite Regional Centre for Skill Development, Rehabilitation & Empowerment of Persons with Disabilities (CRC) Nagpur, Maharashtra** established to serve as resource centre in disability rehabilitation for all categories.

These positions will be filled up on consultant contractual basis for a period of 11 months. Details are furnished below:

## **DETAILS OF VARIOUS CONTRACTUAL POSITIONS**

Sl. No.	Name of the Post	No. of post	Salary (consolidated - Fixed)	Qualification & Experience
1.	Assistant (Consultant)	01	Rs. 35,000/-	Essential:i.Graduate from a recognized University with knowledge of computer.ii.Minimum 2 years of experience in administrative works in Govt. departments/reputed organizations.
2.	Typist Clerk (Consultant)	01	Rs. 20,000/-	Essential:i.Higher Secondary (10+2) or equivalent.ii.Typing Speed 35 wpm with computer knowledge.iii.Minimum 2 years relevant experience.

## **IMPORTANT NOTE:**

- i. Those who had applied for the same position in response to our earlier advertisement bearing No. 02/2019 released in the month of Feb. 2019 must apply again, if interested.
- ii. The positions will be filled purely on contractual basis.
- iii. The period of contractual engagement as consultant will be for 11 months. The selected candidates will be entitled to only the lumpsum monthly consolidated remuneration as mentioned against each post. No other Allowances such as Dearness Allowance/House

Rent Allowance/Medical Allowance/GPF/NPS and other allowances entitled for Government servant will be paid.

- iv. No upper age limit and post based reservation is prescribed for any position as these are being filled up on contractual basis for short term.
- v. Duration of Ph.D. will be considered as Experience as per UGC guidelines.
- vi. Application fee of Rs. 500/- for each position in the mode of Demand Draft made in favour of Director, NIEPMD, payable at Chennai need to be enclosed. SC/ST/PwD are exempted from payment of application fee.
- vii. Separate application is to be submitted for each position. The envelope containing application should be superscribed as "Application for the position of ------".
- viii. Bringing in any type of Political/Official interference, influence, canvassing, other pressures in any form etc., will render disqualification of the candidature and action as deemed fit will be taken against such candidates. No correspondence in this matter will be entertained.

APPLICATION FORM DULY FILLED, SUPPORTED WITH SELF-ATTESTED PHOTOCOPIES SHOULD BE SUBMITTED WITHIN 21 DAYS FROM PUBLISHING OF THE ADVERTISEMENT IN THE EMPLOYMENT NEWS TO THE DIRECTOR, NATIONAL INSTITUTE FOR EMPOWERMENT OF PERSONS WITH MULTIPLE DISABILITIES (DIVYANGJAN), ECR, MUTTUKADU, KOVALAM POST, CHENNAI - 603 112.

> Sd/-DIRECTOR NIEPMD



National Institute for Empowerment of Persons with Multiple Disabilities (DEPwD, MSJ&E, Govt. of India) East Coast Road, Muttukadu, Kovalam (Post), Chennai, Tamil Nadu - 603 112

# <u>APPLICATION FORMAT FOR</u> CONTRACTUAL POSTS OF CRC NAGPUR

## Application for the post of :

Recent Passport size Photograph (5 cm X 4.5 cm) to be affixed& Self-attested

(On contractual basis)

1.	NIEPMD Adv	vt. No		Advt. No	).				
2.	MCI / RCI Re	-							
2	(wherever ap								
3.		(Capital Letters)							
4	X	Degree Certificate)				<b>X</b> 7			
4.	Date of Birth (enclose copy	of matric certificate)		Date Month Year					
5.	Citizenship St	atus		Citizen of India By Birth By Domicile					
6.	Member of Sc	heduled Caste (SC) /	' Tribe	Write SC	c or ST or O	BC (Attach cer	rtificate)		
		Backward Class (Cost is ability (PwD) etc.,	) () () () () () () () () () () () () ()	or Person with Disability (PWD)					
7.	Address for C	ommunication (with	l						
	Phone/mobile	e number & email II	D)						
8.	Permanent res	idential Address							
9	Name of Fath	er / Husband /Mother	•						
2.			-						
10	Detaile of Date				1)				
10.		ication starting from ERE DEGREE/CERTIFICA					e details ONLY O	N PASSED	
	Academic /				Year &	Year &	Marks	/Class /	
1	Professional	Discipline		versity	Month of	Month	Obtained /	Division	
	Qualification	Discipline	/Inst/	Board	Entry	Passed	Total Marks	DIVISION	
	Zuuiiiiouiioii				Entry	1 45504	1 oturi 101urrid	•	

11. Additional Qualification / Certificate Courses if any (Training, Apprentice programs attended, refresher courses completed etc.,)

Course	Duration	Certifying Organization	Whether Govt. authorized/recognized	Class/Mark/details

12. Experience in chronological order up to the present post:

Designation/	From	То	Consolidated	Nature of work
Post held			pay/Pay in	presently
			the Pay band	dealing
		term	with Grade	with/dealt with
	of contract		Pay drawn as	(attach proof:
			on date	experience
			(P.M)	certificates,
				copies of
				appointment
				and relieving)
				(experience
				without
				testimonials
				will not be
				considered)
	-	Post held (If on contrac	Post held (If on contract basis mention the term	Post heldpay/Pay in(If on contract basis mention the term of contractthe Pay band with Grade Pay drawn as on date

:

:

:

13. (a) Details of Present Employment

(b) Nature of present work & responsibility held

(c) Time required to join if offered the post

14. References (Names, Designation and Address with email ID & contact details of three Referees / references (with whom you have interaction during your work or study period) (03 references) (a) (b) (c)

### DECLARATION OF THE APPLICANT

I hereby declare that the information given above is correct to the best of my knowledge and belief and I fully understand that if it is found at a later date that any information given in the application is incorrect / false or if I do not satisfy the eligibility criteria, my candidature / appointment is liable to be cancelled / terminated.

Place:

Date<sup>.</sup>

Signature of the Applicant With full name in Block letters

Correspondence address of the candidate:-

(to include contact /mobile number, Email ID also)

### NOTE:-

The application duly filled up the relevant columns, signed and enclosed with the self-attested copies of educational, professional, additional qualifications and experience certificates should be sent to "THE DIRECTOR, NATIONAL INSTITUTE FOR EMPOWERMENT OF MULTIPLE DISABILITIES, NIEPMD, ECR, MUTTUKADU, PERSONS WITH KOVALAM POST, CHENNAI - 603 112 (TAMILNADU). (For details log on to www.niepmd.tn.nic.in / Ph. 044 -27472113/27472104).