

National Institute for Empowerment of Persons with Multiple Disabilities (Divyangjan) (NIEPMD)



(Department of Empowerment of persons with Disabilities (Divyangjan), Ministry of Social Justice & Empowerment, Govt. of India] East Coast Road, Muttukadu, Kovalam (PO), Chennai – 603 112.

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.: 06/2018)

Hiring of Legal Consultant (01 post) on Contractual session basis at NIEPMD, Chennai.

Qualification & Eligibility:

- Bachelor's Degree in Law or equivalent from a recognized University
- Enrolled as an advocate in Bar Council of India for the purpose of enrolment as an Advocate
- Minimum of 2 years of experience in handling court cases.

Date : 11/06/2018

Time: 10.00 am

Venue: NIEPMD, Muttukadu, Kovalam, Tamil Nadu-603 112

Sd/-Director



National Institute for Empowerment of Persons with Multiple Disabilities (Divyangjan) (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. Tele – Fax : +91-44-27472389, Telephone : 27472104, 27472113,27472423 Toll Free No: 18004250345

Website: <u>https://niepmd.tn.nic.in</u>

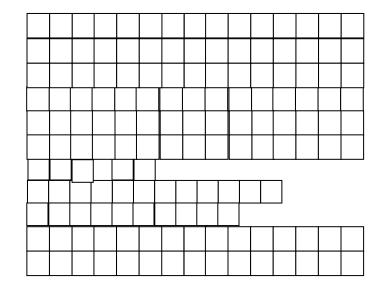
E-mail: niepmd@gmail.com

Application for the Post of Legal Consultant (On Contractual session basis)

1	Advertisement No/Date:					
1.	Name in Applicant: (in full Block Letters):		Recent Passport size Photograph (5 cm X 4.5 cm) to be affixed &attested			
2.	Date of Birth: (enclose Copy of Certificate)					
4.	Citizenship Status: Citize (Please Tick)	en of India By Birth By Domicile				
5.	Aadhaar No:					
6.	Bar Council of India Enrollment No:					
7.	7. Name of Father/Spouse:					
8.	Nationality:	Indian NRI Foreign				
9. 0	Gender:	Male Female others				
10.	Category: (Attach certificate)	SC ST OBC General Ex-	Serviceman			
	· ,	Category				
(Are you Persons with Disabilit If yes, mention the category o Disability with relevant Certific	of) Others			

- 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 on passed courses &where Degree/Certificates etc., are already awarded/issued):

Academic Qualification	Discipline	University /Inst/Board	Year & Month of Entry	Year & Month Pass	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/	Whether Govt	Class/Mark/details
		Organization	authorized/recognized	

15. Experience in chronological order upto the present post: (Attach a separate sheet if required):

16. 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.		

17. 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 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 :		l	Signature of the Applicant
	DD MM YYYY		

Note: The Application form duly filled up the relevant columns, signed and enclosed with the self-attested copies of educational and experience certificates should be submitted on the date of the Interview.