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



(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. 03/2020 Date: 22.01.2020

The Director, NIEPMD, Chennai invites applicants for a walk in interview/selection process for engagement of Faculty for Diploma in Indian Sign Language Interpretation course.

Venue : NIEPMD, DEPwD, MSJ&E, GOI, Muttukadu, Chennai - 603 112.

Date : 06th February 2020

<u>Time</u> : 11.00 AM. (Room No. 68, 2ndFloor, Dept. of Speech, Hearing and Communication)

Name of the	No. of	Qualification	Remuneration
position	Posts		
Master Trainer -	1	Essential:	Rs.27,000/- per
Indian Sign	Reserved	Graduate with DISLI C level	month.
Language	for	certificate or DT – ISL with 4	
	Hearing	years of experience in training.	
	Impaired	, , , , , , , , , , , , , , , , , , , ,	
Indian Sign	1	Essential:	Rs. 27,000/- per
Language Interpreter		Graduate with DISLI / C level	month.
		certificate with 4 years of	
		experience in ISL interpretation	
Indian Sign	1	Essential:	Rs. 18,000/- Per
Language Instructor	Reserved	12 th Pass with DISLI / C Level	month.
	for	Certificate / DT - ISL	
	Hearing		
	Impaired		

Note:

- For the position of Master Trainer and Indian Sign Language Instructor, only persons with hearing impairment can compete.
- This engagement will be purely temporary and only for a period of 11 months and engagement will cease after the 11th month without any notice.
- The incumbent will be paid honorarium on monthly basis. 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. Aaadhar or any valid ID proof.
- The Candidates are requested to report at 11.00 AM on 06th February 2020 at Room No. 68, 2nd Floor, Dept. of Speech, Hearing and Communication.

Sd/-DIRECTOR 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. Tele – Fax : +91-44-27472389, Telephone : 27472104, 27472113. Toll Free No: 18004250345

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

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:		
2.	Name in Applicant: (in full Block Letters):		
-	Date of Birth: (encloseCopy of Certificate)		
4.	Citizenship Status : (Please Tick)	Citizen of India By Birth By Domicile	
5.	Aadhaar No:		
6.	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 others	
10). Category : (Attach certificate)	SC ST OBC General Ex-Servic	e man 🗌
(Are you Persons with Disabili If yes, mention the category of Disability with relevant Certifica		y thers

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

16. Why you think you are suitable for the post you have applied for (Details within one page):

17.Reference of three persons with whom you have interaction during your work or study period)

S.No	Names, Designation and Address with Phone No & Mail ID
1	
2	
3.	
5.	
l	

18. 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.



S	ignature of the Applicant	