



**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)

Muttukadu, East Coast Road, Kovalam (P.O), Chennai - 603 112

Tamil Nadu - India. Phone: 044 - 27472046, 27472104, 27472113, 27472423

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**Manpower Engagement Notification (Temporary) No. 29/2023**

**Date:10.07.2023**

The Director, NIEPMD(D), Chennai invites applicants for a Walk in Interview/Selection Process to engage the following temporary consultant position on contract basis.

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

**Date:** 19.07.2023

**Time:** 11.00 AM

**(Room No. 95, Second Floor, Library, NIEPMD(D))**

Sl. No.	Name of the Post	No. of Post	Qualification	Preferred experience	Remuneration
1	Senior Consultant (Social Media)	01 (11 months contractual basis)	<b>Essential:</b> 1. Any UG Degree with Diploma (JMC or Vis. Communication) or Degree in Journalism and Mass Communication (JMC) or Visual Communication from the recognized University /Institution. 2. Minimum 2 years experience in the field of publicity activities /preparation of Documentary, Video & Audio Editing, Mixing, Social Media Handling etc., <b>Desirable:</b> 1. PG Degree in JMC or Visual Communication.	1. Coordination with various Ministries /Departments/ States/UTs Government/ NIs /CRCs etc. 2. Processing media Proposals. 3. Should have sound Knowledge in web based technology and utilization of social media platform.	Rs. 40,000/- per month (Consolidated)

**IMPORTANT NOTE:**

- This engagement will be purely on contractual basis. Renewal of engagement is subject to project need and performance.
- 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.
- Candidates should 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.
- NIEPMD(D) will retain data of applications received from the candidates only for a period of three months after completion of recruitment process i.e., the issuance of offer letter to the selected candidate.
- The Candidates are requested to report before 11.00 A.M on **19.07.2023**.

**Sd/-  
DIRECTOR  
NIEPMD(D)**



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**East Coast Road, Muttukadu, Kovalam (Post), Chennai-603 112.**

**Tele – Fax : +91-44-27472389, Telephone : 27472104, 27472113.**

**Toll Free No: 18004250345**

Website: [www.niepmd.tn.nic.in](http://www.niepmd.tn.nic.in)

E-mail: [niepmd@gmail.com](mailto:niepmd@gmail.com)

**Application form**

**Post Applied For:**

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

1. Advertisement No/Date:

2. Name in Applicant:  
(in full Block Letters):

D D M M Y Y Y Y

3. 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-Service man

11. Are you Persons with Disability: Yes  No   
(If yes, mention the category of  
Disability with relevant Certificate )

Category  
OH  VI  HI  others





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.	

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 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 :      
D D M M Y Y Y Y

Signature of the Applicant