



**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
~ Accredited by NAAC ~ ~ ISO 9001:2015~



VACANCY NOTIFICATION: CONSULTANT (TEMPORARY) No. 06/2021
Date: 01.09.2021

The Director, NIEPMD, Chennai invites application to fill up the following post on contractual basis for a walk in interview.

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

Date: 09.09.2021

Time: 11.00 AM (Director's Office, 3rd floor, NIEPMD)

Name of the Position	No. of Vacancy	Age limit	Qualification	Remuneration (Session basis)
Sr. Consultant (on contract)	01	65	Essential: 1. Retired Government officer from CPWD / PWD at the level of Assistant Executive Engineer (Civil) / Executive Engineer (Civil) with Experience of dealing with Administration /Accounts / Purchase materials / Construction works etc., 2. Knowledge in computer operation.	Rs. 500/- per session for 4 sessions per day. Approximately Rs. 40,000/- per month.

Note:

- This engagement will be purely on temporary basis.
- 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 the Director's Office, 3rd floor before 11.00 A.M on 09.09.2021.

Sd/-

**DIRECTOR
NIEPMD**

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