



**NATIONAL INSTITUTE FOR EMPOWERMENT OF PERSONS
WITH MULTIPLE DISABILITIES (NIEPMD)**
(Dept. of Empowerment of Persons with Disabilities (Divyangjan), MSJ & E, Govt. of India)
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Employment Notice No.12/2019
Dt. 31.05.2019

The Director, NIEPMD, Chennai invites applicants for a walk in interview/selection process for engagement of Consultants/staff for the Respite Care Centre under the Dept. of Social Work/ Medical Sciences.

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

Date: 7th June 2019

Time: 10.00 am.

Sl. No	Name of the Position	No. of Posts	Qualification	Honorarium
1.	Special Educator (Consultant)	1	Diploma in Special Education with 2 years experience. ASD/MD/CP	Rs. 200/- per session for 4 sessions per day.
2	Staff Nurse (Consultant)	1	Diploma in General Nursing and midwifery with 2 years experience.	Rs. 300/- per session for 4 sessions per day.
3.	Care Givers (Consultants)	3	Ten Month Certificate in Caregiving - 1	Rs. 175/- per session for 4 sessions per day.
			Six month Certificate in Care Giving - 2	Rs. 150/- per session for 4 sessions per day.

Note:

- This engagement will be purely temporary and only for a period of 89 days and the engagement will cease after the 89th day without any notice.
- The incumbent will be paid honorarium on session basis only. No other allowances such as DA/ HRA /MA/ GPF/ NPS and other allowance will be admissible.
- The incumbent will have no rights to claim for any regularization or extension/ renewal of engagement in any circumstances.
- No application fee will be charged. Candidate to bring filled in application in the prescribed format.
- 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.

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