



**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

Employment Notice No.24/2019

Date : 05.08.2019

The Director, NIEPMD, Chennai invites applicants for a walk in selection process for engagement of a Grade I Audiologist.

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

Date: 19. 08. 2019

Time: 11.00 am. (Room No. 68 , Dept. of Speech and Hearing , 2nd Floor)

Name of Position	Number	Educational Qualification	Remuneration
Audiologist Grade I	1	Essential: i. M. Sc. (Sp & Hg) /M.ASLP or its equivalent M.Sc. (Audiology). ii. Two years experience in related field. iii. Valid RCI Registration.	Rs. 350/- per session.

Note:

- This engagement will be purely temporary and only for a period of 89 days and engagement will cease after the 89th day without any notice.
- The incumbent will be paid honorarium on session 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. Aadhar or any valid ID proof.
- The Candidates are requested to report at Room No. 68, Dept. of Speech and Hearing in the second floor of the main building before 11.00 A.M on 19. 08.2019.

**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