



**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.25/2019

Date : 05.08.2019

The Director, NIEPMD, Chennai invites applicants for a walk in selection process for engagement of R & D Project Coordinators (Consultants)

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

Date: 14. 08. 2019

Time: 11.00 am. (Report at Room No. 118, 3rd Floor, NIEPMD)

Name of Position	Number	Educational Qualification	Remuneration
R & D Project Coordinator (Consultant)	4	Essential: P.G Degree in any RCI recognized qualification. Or MSW/MPT/MOT/M.Sc. Psychology/ M.Sc. Nursing with Research Aptitude or Research Experience with good computer and language skills.	Rs. 350/- per session for 4 sessions per day. (Around Rs. 28,000/- per month)

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. 118, 3rd Floor, main building, NIEPMD before 11.00 A.M on 14. 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