



NATIONAL INSTITUTE FOR EMPOWERMENT OF PERSONS WITH MULTIPLE DISABILITIES (DIVYANGJAN)

(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. 08/2019

The Director, NIEPMD, Chennai invites applicants for a walk in interview/selection process for engagement of a Consultant, for the Department of Speech, Language and Communication from eligible candidates.

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

Date: 08.03.2019

Time: 10.00 am.

Name of the Position	No. of Positions	Remuneration	Qualification
Speech pathologist and Audiologist (consultant) Grade I	One	Rs. 350/- per session for 4 sessions per day	Essential: i. M.Sc. (Speech and Hearing), MASLP, M.Sc. (Audiology), M.Sc. (SLP) or its equivalent. ii. Valid RCI Registration. Desirable: i. One year Experience in the field.

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 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.

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