



**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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Date: 07.03.2019

Employment Notice No.09/2019

The Director, NIEPMD, Chennai invites applicants for a walk in interview/selection process for engagement of Consultants for the Dept. Medical Sciences from eligible candidates.

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

Date: 22.03.2019

Time: 10.00 am.

| Name of the Position | No. of Positions | Remuneration | Qualification |
|------------------------------------|------------------|---|--|
| Clinical Therapist (Consultant) | One | Rs. 325/- per session for 4 sessions per day. | Essential: Graduation with PGDEI/PGDDT. Desirable: Two years of experience in the relevant 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