



**NATIONAL INSTITUTE FOR EMPOWERMENT OF PERSONS
WITH MULTIPLE DISABILITIES (Divyangjan), (NIEPMD)**

(Dept. of Empowerment of Persons with Disabilities (Divyangjan), MSJ & E, Govt. of India)

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VACANCY NOTIFICATION : CONSULTANT (TEMPORARY) No. 17/2020

Date : 05.08.2020

The Director, NIEPMD, Chennai invites applicants for a walk-in selection process for engagement of a Jr. Consultant – Administration.

Venue: NIEPMD, East Coast Road, Muttukadu, Chennai-603 112.

Date: 10.08.2020 (Monday)

Time: 11.00 AM

Name of the Position	No. of Vacancy	Qualification	Remuneration
JR. Consultant (level – 1) Administration	01	Essential: Master's degree with experience in Central Govt. Ministerial/ Secretarial services, Sound knowledge in Govt. of India office procedures and rules. Retired persons from Central Govt. Services/Autonomous bodies can also apply.	On session basis, approximately Rs. 36,000/- per month with no other allowances.

Note:

- This engagement will be purely temporary and only for a period of 89 days and the engagement will cease after this without any notice; renewal of engagement for further 89 days is subject to project need and performance.
- The incumbent will be paid consolidated honorarium 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.
- The Candidates are requested to report at Room No. 118, 3rd. Floor, NIEPMD, 30 minutes in advance of the prescribed time.

**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