



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

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

ECR, Muttukadu, Kovalam Post, Chennai - 603 112, Tamil Nadu

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VACANCY NOTIFICATION : CONSULTANT (TEMPORARY) No. 18/2020

Date : 17.08.2020

The Director, NIEPMD, Chennai invites applicants for a walk - in selection process for engagement of a Consultant for the National Board of Examination in Rehabilitation (NBER)

Venue: NIEPMD, ECR, Muttukadu, Chennai-603 112.

Date: 28.08.2020

Time: 10.00 AM (Room No. 77, Dept. of AIL, Second Floor, NIEPMD)

Name of the post	No. of post	Qualification	Remuneration
Consultant	01	Essential : i. Degree with PG. Dip/B.Ed/ BMR / BRSC/ PGDEI / PGDDT / PGDRA with proficiency in Computer. (or) ii. Any RCI recognized Degree / BOT / BPT with proficiency in Computer. (or) iii. Degree with DCA with proficiency in Computer. (or) iv. Degree with Lower / Upper typing in English and 2 Years experience in related field.	Rs.25,500/- per month (Consolidated pay with no other allowances)

Note:

- This engagement will be purely temporary and only for a period of 06 months and the engagement will cease after the 06th month without any notice. Renewal of engagement for further 06 months 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.
- Those interested to attend the selection process may report in person with all their credentials in original and a valid ID proof.
- Report at **Room No. 77, Dept. of AIL, Second Floor, NIEPMD, at 09.45 AM on 28.08.2020.**

Sd/-
DIRECTOR

Copy to:

Notice Board.

Institutions Concerned.

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