



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

(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.19/2019

Date : 17.07.2019

The Director, NIEPMD, Chennai invites applicants for a walk in interview/selection process for engagement of Consultants, for its Extension Centre at Chengalpattu Medical College, Chengalpattu, Kanchipuram Dist. Tamil Nadu.

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

Date: 31. 07. 2019

Time: 11.00 am. (Room No. 52, Dept. of Therapeutics, I st. Floor)

Sl. No	Name of Position	Number	Educational Qualification	Remuneration
1.	Clinical Psychologist	1	M.Phil in Clinical Psychology or Rehabilitation Psychology.	Rs.350/- Per sessions for four sessions per day.
2.	Physiotherapist	1	Bachelor of Physiotherapy with two years of relevant experience.	Rs. 300/- Per sessions for four sessions per day.
3.	Speech Therapist	1	Bachelor of Audiology and Speech Language pathology.	Rs. 300/- Per sessions for four sessions per day.
4.	Special Educator	1	Diploma in Special Education with 2 years of relevant experience.	Rs. 200/- Per sessions for four sessions per day.

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.
- The Candidates are requested to report at Room No. 52 in the Dept. of Therapeutics in the first floor of the main building before 11.00 A.M on 31. 07.2019.

**Sd/-
DIRECTOR
NIEPMD**



**National Institute for Empowerment of Persons with Multiple Disabilities
(Dept. of Empowerment of Persons with Disabilities (Divyangjan),
Ministry of Social Justice & Empowerment, Govt. of India)
East Coast Road, Muttukadu, Kovalam (Post), Chennai-603 112.
Tele – Fax : +91-44-27472389, Telephone : 27472104, 27472113.
Toll Free No: 18004250345**

Website: www.niepmd.tn.nic.in

E-mail: niepmd@gmail.com

Application form

Post Applied For:

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Recent Passport
size Photograph
(5 cm X 4.5 cm) to
be affixed
&attested

1. Advertisement No/Date:

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2. Name in Applicant:
(in full Block Letters):

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3. Date of Birth:
(encloseCopy of Certificate)

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4. Citizenship Status :
(Please Tick)

Citizen of India By Birth By Domicile

5. Aadhaar No:

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6. RCI/MCI Registration No:
(Applicable in case of Faculty
&Technical Positions)

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7. Name of Father/Spouse:

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8. Nationality:

Indian Foreign NRI

9. Gender:

Male Female others

10. Category :
(Attach certificate)

SC ST OBC General Ex-Service man

11. Are you Persons with Disability: Yes No
(If yes, mention the category of
Disability with relevant Certificate)

Category

OH VI HI others

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