

## NATIONAL INSTITUTE FOR EMPOWERMENT OF PERSONS WITH MULTIPLE DISABILITIES (Divyangjan)

(Dept. of Empowerment of Persons with Disabilities (Divyangjan), (Ministry of Social Justice & Empowerment, Govt. of India)

Muttukadu, East Coast Road, Kovalam (P.O), Chennai - 603 112

Tamil Nadu – India. Phone: 044 – 27472046, 27472104, 27472113, 27472423

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## MANPOWER ENGAGEMENT NOTIFICATION: CONSULTANT No. 26/2023 Date: 21.06.2023

The Director, NIEPMD(D), Chennai invites applicants for a walk-in interview/selection process to engage staff member on contract.

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

<u>Date:</u> 30.06.2023 Time: 11.00 AM

(Room No. 87, 2nd Floor, NIEPMD(D))

Sl. No.	Name of the Position	Number	Qualification	Remuneration
1.	Coordinator (On contract)	01 (For 12 months only - No Further Extension)	Essential:  1. Any degree with basic knowledge of computer.  2. Tamil Typing with 30 wpm.  Desirable:  1. Any degree in the field of Disability with minimum 2 years of experience and interest to travel.	Rs. 30,000/- per month (Consolidated Pay)

## Note:

- The post will be filled purely on contractual basis.
- The period of contractual engagement as consultant will be for 12 months. The selected candidate
  will be entitled to only the lump sum monthly consolidated remuneration as mentioned against the
  post. No other allowances such as DA/HRA/Medical allowance/GPF/NPS and other allowances
  entitled for Government servant will be paid.
- The incumbent will have NO RIGHT to claim for any regularization or extension/ renewal of engagement in any circumstances.
- Candidates should 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.
- NIEPMD(D) will retain data of applications received from the candidates only for a period of three
  months after completion of recruitment process i.e., the issuance of offer letter to the selected
  candidate.
- The Candidates are requested to report before 11.00 A.M on 30.06.2023.

Sd/-DIRECTOR NIEPMD(D)



## 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.

 $\label{eq:Tele-Fax: +91-44-27472389} Telephone: 27472104, 27472113.$ 

Toll Free No: 18004250345 Website: www.niepmd.tn.nic.in E-mail: niepmd@gmail.com **Application form** Recent Passport size Photograph (5 cm X 4.5 cm) to **Post Applied For:** be affixed &attested 1. Advertisement No/Date: 2. Name in Applicant: (in full Block Letters): YYYY D D M<sub>M</sub> 3. Date of Birth: (encloseCopy of Certificate) 4. Citizenship Status: Citizen of India By Birth By Domicile (Please Tick) 5. Aadhaar No: 6. RCI/MCI Registration No: (Applicable in case of Faculty &Technical Positions) 7. Name of Father/Spouse: NRI Indian Foreign 8. Nationality: 9. Gender: Female others Male SC ST OBC General Ex-Service man 10. Category: (Attach certificate) Category 11. Are you Persons with Disability: Yes No ОН others (If yes, mention the category of

Disability with relevant Certificate)

12. Address for Communication: House No & Street Name	
Village/City:	
District:	
Post Office:	
State:	
Pin-code:	
Phone No(Land Line):	
Mobile No:	
Email Id:	

13.Details of Education starting from Matric (SSLC/X Std.,) onwards :- (to give details only onpassed courses &where Degree/Certificates etc., are already awarded/issued):

Academic Qualification	Discipline	University /Inst/Board	Year & Month of Entry	Year & Month Passed	Full Time/Part Time/Correspondence	% of Marks

14. Additional Qualification / Certificate Courses if any (Training, Apprentice programs attended, refresher courses completed etc.)

Course	Duration	Certificate/ Organization	Whether Govt authorized/recognized	Class/Mark/details

15. Experience in chronological order upto the present post: (Attach a separate sheet if required)

Name of Organization/	Designation/ Post held	whether on Regular Basis or on Deputation or on Contract Basis etc.,)	Salary drawn (Pay band + G.P to be mentioned in case of Govt. organization)	From	То	Nature of Work presently dealing with(attach proof/experience certificate	Total period of Exp in Years & Months

	hy you think you are suitable for the post you have applied for (Detain one page):	ls
	ferenceof three persons with whom you have interaction g your work or study period)	
S.No	Names, Designation and Address with Phone No & Mail ID	
1		
2		
3.		
	ny other relevant information the applicant want to mention, if any (at s if necessary):  DECLARATION OF THE APPLICANT	ttach additional
inform	I hereby declare that the information given above is correct to edge and beliefand I fully understand that if it is found at a lateration given in the applicationis incorrect / false or if I do not sation, my candidature / appointment is liableto be cancelled / terminated	er date that any isfy the eligibility
Place	:	

Signature of the Applicant

Date :

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