## 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

~ Accredited by NAAC~ ~ ISO 9001:2015~

## Manpower Engagement Notification (Temporary) No. 31/2023

Date: 10.07.2023

The Director, NIEPMD(D), Chennai invites applicants for a Walk in Interview/Selection Process to engage the following temporary consultant position on contract basis.

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

<u>Date:</u> 19.07.2023 <u>Time:</u> 11.00 AM

(Room No. 52, Dept. of Therapeutics., 1 st Floor NIEPMD(D))

| Sl.<br>No. | Name of the<br>Post                      | No. of<br>Post                             | Qualification   | Remuneration  |
|------------|--|--|---|---|
| 1.         | Clinical<br>Psychologist<br>(Consultant) | 01<br>(on 89 days<br>contractual<br>basis) | Essential:  1. M. Phil in Clinical Psychology or Rehabilitation Psychology.  2. RCI Registration                      | Rs. 375/- per session for 4 sessions per day. Approximately Rs. 30,000/- per month. |
| 2.         | Speech<br>Therapist<br>(Consultant)      | 01<br>(on 89 days<br>contractual<br>basis) | Essential:  1. Bachelor of Audiology and Speech Language Pathology. 2. RCI Registration                               | Rs. 375/- per session for 4 sessions per day. Approximately Rs. 30,000/- per month. |
| 3.         | Special<br>Educator<br>(Consultant)      | 01<br>(on 89 days<br>contractual<br>basis) | Essential  1. D.Ed in Special Education with 2 years of relevant Experience OR B.Ed in Spl. Edn. 2. RCI Registrration | Rs. 250/- per session for 4 sessions per day. Approximately Rs. 20,000/- per month. |

## **IMPORTANT NOTE:**

- This engagement will be purely on contractual basis. Renewal of engagement is subject to project need and performance.
- The incumbent will be paid honorarium on monthly basis. 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.
- 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 19.07.2023.

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:<br>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<br>Qualification | Discipline | University<br>/Inst/Board | Year &<br>Month<br>of<br>Entry | Year &<br>Month<br>Passed | Full Time/Part<br>Time/Correspondence | % of<br>Marks |
|---------------------------|------------|---------------------------|--------------------------------|---------------------------|---------------------------------------|---------------|
|                           |            |                           |                                |                           |                                       |               |
|                           |            |                           |                                |                           |                                       |               |
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|                           |            |                           |                                |                           |                                       |               |
|                           |            |                           |                                |                           |                                       |               |

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

| Course | Duration | Certificate/<br>Organization | Whether Govt authorized/recognized | Class/Mark/details |
|--------|----------|------------------------------|------------------------------------|--------------------|
|        |          |                              |                                    |                    |
|        |          |                              |                                    |                    |
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|        |          |                              |                                    |                    |

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

| Name of<br>Organization/ | Designation/<br>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<br>presently dealing<br>with(attach<br>proof/experience<br>certificate | Total period of Exp in Years & Months |
|--------------------------|---------------------------|---|---|------|----|---|---------------------------------------|
|                          |                           |   |   |      |    |   |                                       |
|                          |                           |   |   |      |    |   |                                       |
|                          |                           |   |   |      |    |   |                                       |
|                          |                           |   |   |      |    |   |                                       |
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|                          |                           |   |   |      |    |   |                                       |
|                          |                           |   |   |      |    |   |                                       |

|        | 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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