

## 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: CONSULTANT No. 08/2024

Date: 15.03.2024

The Director, NIEPMD, Chennai invites applicants for a walk-in interview/selection process to engage Staff on contract.

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

**Date:** 26.03.2024

<u>Time:</u> 11.00 AM (Room No.13, Ground Floor, NIEPMD for Sl. No. 1) (Room No.29, First Floor, NIEPMD for Sl. No. 2)

| S1.<br>No | Name of the<br>Position | No. of<br>Vacancy | Qualification                          | Remuneration  |
|-----------|-------------------------|-------------------|--|---------------|
| 110       | 1 00111011              | vacuity           |  |               |
| 1.        | Research                | 01                | Essential:                             | Rs. 24,000/-  |
|           | Assistant               | (11 month         | 1. UG Degree with B.Ed SE/D.Ed SE.     | per month     |
|           | (Consultant)            | contract          | 2. Valid RCI registration              | (Consolidated |
|           |                         | basis)            | Desirable:                             | Pay)          |
|           |                         |                   | 1. Minimum 1 year research experience. |               |
|           |                         |                   | 2. M.Ed SE                             |               |
|           |                         |                   | 3. Working Knowledge in Computer       |               |
|           |                         |                   | application, Editing, Compilation      |               |
|           |                         |                   | manual preparation etc.,               |               |
| 2.        | Research                | 01                | Essential:                             | Rs. 30,000/-  |
|           | Assistant               | (11 month         | 1. PG Degree with M.Ed SE              | per month     |
|           | (Consultant)            | contract          | 2. Valid RCI registration              | (Consolidated |
|           |                         | basis)            | Desirable:                             | Pay)          |
|           |                         |                   | 1. Minimum 1 year research experience. |               |
|           |                         |                   | 2. Working Knowledge in Computer       |               |
|           |                         |                   | application, Editing, Compilation      |               |
|           |                         |                   | manual preparation etc.,               |               |

## Note:

- This engagement will be purely temporary and only for a period of 11 months and the engagement will cease after the 11<sup>th</sup> month without any notice. Renewal of engagement for further 11 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.
- Candidate to bring filled in application in the prescribed format (Attached).
- NIEPMD will retain data of applications received from non-shortlisted candidates only for a
  period of six months after completion of recruitment process i.e., the issuance of offer letter to the
  selected candidate.
- 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 before 11.00 A.M on 26.03.2024



## 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 |
|---------------------------|------------|---------------------------|--------------------------------|---------------------------|---------------------------------------|---------------|
|                           |            |                           |                                |                           |                                       |               |
|                           |            |                           |                                |                           |                                       |               |
|                           |            |                           |                                |                           |                                       |               |
|                           |            |                           |                                |                           |                                       |               |
|                           |            |                           |                                |                           |                                       |               |

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 |
|--------|----------|------------------------------|------------------------------------|--------------------|
|        |          |                              |                                    |                    |
|        |          |                              |                                    |                    |
|        |          |                              |                                    |                    |
|        |          |                              |                                    |                    |
|        |          |                              |                                    |                    |
|        |          |                              |                                    |                    |

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 |
|--------------------------|---------------------------|---|---|------|----|---|---------------------------------------|
|                          |                           |   |   |      |    |   |                                       |
|                          |                           |   |   |      |    |   |                                       |
|                          |                           |   |   |      |    |   |                                       |
|                          |                           |   |   |      |    |   |                                       |
|                          |                           |   |   |      |    |   |                                       |
|                          |                           |   |   |      |    |   |                                       |
|                          |                           |   |   |      |    |   |                                       |

|        | 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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