## 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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## VACANCY NOTIFICATION: CONSULTANT No. 15/2023 Date: 14.03.2023

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> 21.03.2023 Time: 11.00 AM

(Room No.104, 3rd Floor, NIEPMD(D))

S1.	Name of the	No. of Post	Qualification	Remuneration
No.	Position			
1.	Stenographer (Consultant)	01 (89 days)	Essential:  1. Graduate with Government certified English Stenography skill @ 80 WPM and Typewriting (English) @ 30 WPM.  2. Worked with Sr. Officers  3. Well conversant in noting / drafting as per the pattern of Govt. of India  4. Experience in conducting meetings	Rs.300/- per Session. Maximum of 4 sessions per day. (Approx. Rs. 24,000/- per month)
			Desirable: 1. Knowledge in Hindi 2. Certificate in computer application.	

## Note:

- This engagement will be purely temporary and only for a period of 89 days and the engagement will cease after the 89<sup>th</sup> day without any notice. Renewal of engagement for further 89 days 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 21.03.2023.

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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