



**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 ON CONTRACT (TEMPORARY)No. 14/2021

Date: 17.12.2021

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

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

Date: 05.01.2022

Time: 11.00 AM (Room No. 37, Dept. of Clinical Psychology, 1st Floor NIEPMD)

Sl. No	Name of the Position	No. of post	Qualification	Remuneration
1.	Associate Professor in Clinical Psychology (Consultant)	01 (11 month)	Essential: 1. M.Phil in Clinical Psychology with Ph.D. 2. 5 years of teaching experience either as Lecturer/ Assistant Professor. 3. 3 publications in indexed journal as first/corresponding author.	Rs. 46,000/- PM. (Consolidated)

Note:

- This engagement will be purely temporary and only for a period of 11 months and the engagement will cease after the 11th month without any notice. Renewal of engagement for further 11 months is subject to 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).
- 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 05.01.2022.

**Sd/-
DIRECTOR
NIEPMD**

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