



**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. 17 /2024**

**Date: 04.09.2024**

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

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

**Date: 19.09.2024, Time: 10.00 AM (Dept. of Special Education, 1st Floor NIEPMD(D))**

Sl. No	Name of the Post	No. of Vacancies	Maximum Age Limit	Consolidated Salary per month	Essential and Desirable Qualification
1.	Master Trainer (Deaf) (Consultant)	01	56 years	Rs.45,000/-	<b>Essential Qualifications:</b> <ul style="list-style-type: none"><li>Graduate from a recognized University</li><li>Certificate in 'C' level (or) Diploma in Teaching Indian Sign Language (DTISL) course recognized by RCI with 3 years relevant teaching experience</li><li>Valid RCI Registration</li></ul>
2.	Sign Language Instructor (Deaf) (Consultant)	01	56 years	Rs.40,000/-	<b>Essential Qualifications:</b> <ul style="list-style-type: none"><li>Diploma in Teaching Indian Sign Language (DTISL) course recognized by RCI</li><li>Enrolled in any graduate programme for teaching DTISL/DISLI subject to condition that they will complete graduation within three years of appointment as teacher</li></ul>
				Rs.35,000/-	<b>Essential Qualifications:</b> <ul style="list-style-type: none"><li>12<sup>th</sup> or equivalent pass</li><li>Qualified ISL 'C' level (or) Diploma in Teaching Indian Sign Language (DTISL) course recognized by RCI</li><li>Valid RCI Registration</li></ul>
3.	Indian Sign Language Interpreter (Consultant)	01	56 years	Rs.40,000/-	<b>Essential Qualifications:</b> <ul style="list-style-type: none"><li>Graduate from a recognized University</li><li>Qualified ISL 'C' level (or) Diploma in Teaching Indian Sign Language (DTISL) course recognized by RCI</li><li>Valid RCI Registration</li></ul>
				Rs.35,000/-	<b>Essential Qualifications:</b> <ul style="list-style-type: none"><li>12<sup>th</sup> or equivalent pass</li><li>Qualified ISL 'C' level (or) Diploma in Teaching Indian Sign Language (DTISL) course recognized by RCI</li><li>Valid RCI Registration</li></ul>

**NOTE:**

- The engagement will be purely temporary and only for a period of 3 years.
- Paid leave of absence may be allowed @ 1.5 days for each completed month of service.
- 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.
- *The Institute reserves the right to cancel the advertisement or part thereof without assigning any reasons.*
- 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 on **19.09.2024** at **10.00 AM**.

**-Sd/-  
DIRECTOR  
NIEPMD (D)**







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