## NATIONAL INSTITUTE FOR EMPOWERMENT OF PERSONS WITH MULTIPLE DISABILITIES (DIVYANGJAN)

(DEPwD's (Divyangjan), Ministry of Social Justice and Empowerment, Govt. of India), (Accredited by NAAC), East Coast Road, Muttukadu, Chennai - 603112, Tamil Nadu, India. Tel: 044-27472113, 27472046 | Toll Free No: 18004250345, Email Id: niepmd@gmail.com

Advt. No: Date:

## **INVITATION For EMPANELMENT OF EXPERTS**

The Director, NIEPMD invites nominations from individuals who are interested and possing necessary expertise, work relevant academic qualification in the following areas to serve as consultant in the field of Vocational Rehabilitation for Persons with Multiple Disabilities,

- Vocational Guidance and Counselling Services
- Models of Employment Opportunities
- Carrier Guidance and Job Placement Opportunities
- Skill Training Programmes as per National Skill Development Corporation (NSDC) Norms
- Creation of Sector Skill Council Labs
- Profiling of Beneficiaries
- Curriculum Development in alignment with National Skill Development Corporation (NSDC) & Skill Council for persons with Disabilities (SCPwD)

Interested experts are hereby requested to send their personal particulars in the prescribed proforma attached here.

The filled in prescribed proforma may be sent by post as to reach this office on or before 03-06-2019 addressed to **The Director**, **NIEPMD**, **East Coast Road**, **Muttukadu**, **Kovalam Post**, **Chennai**, **Tamil Nadu** – **603** 112.

For further details contact: Department of Adult Independent Living (DAIL) - NIEPMD -044-27472104, 27472113, 27472046 (Extn: 320, 373), E-Mail: niepmd.dail@gmail.com, Website: niepmd.tn.nic.in

Sd/-Director, NIEPMD

## APPLICATION FORM FOR CONSIDERATION OF BOARD OF ADVISORY & CONSULTANT

1. Name			:						
					Photo				
2. Central	l Rehabilitati	on Register Detai	ls (if any):	l					
CRR	Date of	Registered	Registered	Renewed on	Renewal Due				
Number	Registratio	on as	Qualifications	date					
3. Corre	spondence A	Address	÷						
	act Number/	Mobile N :							
5. Email									
6. Date of Birth :									
7. Gender :									
8. Rehal	oilitation Pro	fessional Qualific	cation:						
Instit	ute/	Certificate/ Dipl	oma/ P.G. Degre	ee Passin	g % of				
Unive		=	l etc.	Year	_				
1					1				

Board/ University	Qı	ıalification 	Passing Year		% of Mark
0. Work experience	e in the fiel	d of disability	rehabilitation:		
Name & address of Organization		Period	Designation	tion Nature of Dutie	
1. Significant control/Empowerment		Vocational Reh	abilitation/ Place	ement/E	Employment
2. Reference of two in disability reha			ith phone Numbers the CRR of RC		nail Id working