## NATIONAL INSTITUTE FOR EMPOWERMENT OF PERSONS WITH MULTIPLE DISABILITIES (Divyangjan), (NIEPMD)



(Dept. of Empowerment of Persons with Disabilities (Divyangjan), MSJ & E, Govt. of India) ECR, Muttukadu, Kovalam Post, Chennai - 603 112, Tamil Nadu Fax: 044-27472389 Tel: 044-27472104, 27472113&27472046, 27472104, 27472423, Toll Free No: 18004250345

Website: www.niepmd.tn.nic.in E-mail: niepmd@gmail.com

## VACANCY NOTIFICATION: CONSULTANT (TEMPORARY) No. 18/2020 Date: 17.08.2020

The Director, NIEPMD, Chennai invites applicants for a walk - in selection process for engagement of a Consultant for the National Board of Examination in Rehabilitation (NBER)

Venue: NIEPMD, ECR, Muttukadu, Chennai-603 112.

Date: 28.08. 2020

Time: 10.00 AM (Room No. 77, Dept. of AIL, Second Floor, NIEPMD)

Name of the post	No. of post	Qualification	Remuneration		
Consultant	01	i. Degree with PG. Dip/B.Ed/ BMR / BRSC/PGDEI / PGDDT / PGDRA with proficiency in Computer.  (or)  ii. Any RCI recognized Degree / BOT / BPT with proficiency in Computer.  (or)  iii. Degree with DCA with proficiency in Computer.  (or)  iv. Degree with Lower / Upper typing in English and 2 Years experience in related	Rs.25,500/- per month  (Consolidated pay with no other allowances)		

## Note:

- This engagement will be purely temporary and only for a period of 06 months and the engagement will cease after the 06<sup>th</sup> month without any notice. Renewal of engagement for further 06 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.
- Those interested to attend the selection process may report in person with all their credentials in original and a valid ID proof.
- Report at Room No. 77, Dept. of AIL, Second Floor, NIEPMD, at 09.45 AM on 28.08.2020.

Sd/-

DIRECTOR

Copy to:

Notice Board. Institutions Concerned.



## 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.co

Website: <u>www.niepmd.tn.n</u>	ic.in E-mail: niepmd@gmail.com	
	Application form	Recent Passport size Photograph
Post Applied For:		(5 cm X 4.5 cm) to be affixed &attested
1. Advertisement No/Date:		
<ol><li>Name in Applicant: (in full Block Letters):</li></ol>	D D M M Y Y Y Y	
<ol><li>Date of Birth: (encloseCopy of Certificate)</li></ol>		
4. Citizenship Status : (Please Tick)	Citizen of India By Birth By Domicile	
5. Aadhaar No:		
<ol> <li>RCI/MCI Registration No: (Applicable in case of Faculty &amp;Technical Positions)</li> </ol>		
7. Name of Father/Spouse:		
8. Nationality:	Indian Foreign NRI	
9. Gender:	Male Female others	
10. Category : (Attach certificate)	SC ST OBC General Ex-Service	
11. Are you Persons with Disabil (If yes, mention the category of Disability with relevant Certific		y others

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.		
knowl	ny other relevant information the applicant want to mention, if any (at a sif necessary):  DECLARATION OF THE APPLICANT  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	the best of my er date that any sfy the eligibility
Place		

Signature of the Applicant

Date :

D D M M

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