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	**Essential :** 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 field.	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 06th 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.
Tele – Fax : +91-44-27472389, Telephone : 27472104, 27472113.
Toll Free No: 18004250345
Website: www.niepmd.tn.nic.in E-mail: niepmd@gmail.com

Recent Passport size Photograph (5 cm X 4.5 cm) to be affixed &attested

Application form

Post Applied For:

1. Advertisement No/Date:
2. Name in Applicant: (in full Block Letters):
3. Date of Birth: (encloseCopy of Certificate) D D M M Y Y Y Y
4. Citizenship Status : (Please Tick) Citizen of India By Birth ☐ By Domicile ☐
5. Aadhaar No:
6. RCI/MCI Registration No: (Applicable in case of Faculty &Technical Positions)
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 man ☐
11. Are you Persons with Disability: Yes ☐ No ☐ Category OH ☐ VI ☐ HI ☐ 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	To	Nature of Work presently dealing with(attach proof/experience certificate	Total period of Exp in Years & Months

16. Why you think you are suitable for the post you have applied for (Details within one page):

17.Referenceof 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 beliefand I fully understand that if it is found at a later date that any information given in the applicationis incorrect / false or if I do not satisfy the eligibility criteria, my candidature / appointment is liableto be cancelled / terminated.

Place :

Date :

D D M M Y Y Y Y

Signature of the Applicant