



**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~



VACANCY NOTIFICATION: CONSULTANT No. 29/2022
Date: 19.08.2022

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

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

Date: 30.08.2022 (Tuesday)

Time: 11.00 AM

(Room No. 87, 2nd Floor, NIEPMD)

Sl. No.	Name of the Position	No. of Post	Qualification	Remuneration
1.	Staff Nurse (Consultant)	01 (89 day basis)	Essential: <ol style="list-style-type: none"> Diploma in General Nursing & Midwifery with 5 years experience or B.Sc. Nursing with 2 years experience. Job Role: <ol style="list-style-type: none"> To provide First Aid. To provide basic health care management. To provide nursing support to all super specialty clinics. To maintain health records of the children with special needs attending services. 	Rs. 350/- per session. Maximum of 4 sessions per day. (Approx. Rs.28,000/- per month).

Note:

- This engagement will be purely temporary and only for a period of 89 days and the engagement will cease after the 89th day without any notice. Renewal of engagement for further 89 days 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.
- 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 30.08.2022 (Tuesday)

**Sd/-
DIRECTOR
NIEPMD**

- | | |
|---|---|
| 1. Advertisement No/Date: | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 2. Name in Applicant:
(in full Block Letters): | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| | <div style="display: flex; justify-content: space-around; width: 100%;"> D D M M Y Y Y Y </div> |
| 3. Date of Birth:
(enclose Copy of Certificate) | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 4. Citizenship Status :
(Please Tick) | Citizen of India By Birth <input type="checkbox"/> By Domicile <input type="checkbox"/> |
| 5. Aadhaar No: | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 6. RCI/MCI Registration No:
(Applicable in case of Faculty
& Technical Positions) | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 7. Name of Father/Spouse: | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 8. Nationality: | Indian <input type="checkbox"/> Foreign <input type="checkbox"/> NRI <input type="checkbox"/> |
| 9. Gender: | Male <input type="checkbox"/> Female <input type="checkbox"/> others <input type="checkbox"/> |
| 10. Category :
(Attach certificate) | SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/> General <input type="checkbox"/> Ex-Service man <input type="checkbox"/> |
| 11. Are you Persons with Disability: Yes <input type="checkbox"/> No <input type="checkbox"/> | <div style="text-align: right;">Category</div> OH <input type="checkbox"/> VI <input type="checkbox"/> HI <input type="checkbox"/> others <input type="checkbox"/> |
| (If yes, mention the category of Disability with relevant Certificate) | |

[illegible][illegible][illegible][illegible][illegible][illegible]

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[illegible][illegible][illegible][illegible]

14. Additional Qualification / Certificate Courses if any (Training, Apprentice programs attended, refresher courses completed etc.)

[illegible]

15. Experience in chronological order upto the present post:
(Attach a separate sheet if required)

[illegible]

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