



**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. 30/2022

Date: 24.08.2022

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: 02.09.2022

Time: 11.00 AM

(Room No. 52, for Clinical/Rehabilitation Psychologist, 1st Floor NIEPMD)

Sl. No.	Name of the Position	No. of post	Qualification	Remuneration
1.	Clinical/Rehabilitation Psychologist (Consultant)	01 (89 day basis)	M. Phil in Clinical/ Rehabilitation Psychology.	Rs.450/- per session. Maximum of 4 sessions per day. (Approx. Rs. 36,000/- 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 **02.09.2022**.

**Sd/-
DIRECTOR
NIEPMD**

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| 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"/> |
| 3. Date of Birth:
(enclose Copy of Certificate) | <div style="display: flex; justify-content: space-around;"> <div><input type="text"/><input type="text"/> D <input type="text"/><input type="text"/> D</div> <div><input type="text"/><input type="text"/> M <input type="text"/><input type="text"/> M</div> <div><input type="text"/><input type="text"/> Y <input type="text"/><input type="text"/> Y <input type="text"/><input type="text"/> Y <input type="text"/><input type="text"/> Y</div> </div> |
| 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"/> <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"/> <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"/> |
| 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"/> <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"/> | 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 :

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Date :

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Signature of the Applicant