



**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](http://www.niepmd.tn.nic.in) E-mail: [niepmd@gmail.com](mailto:niepmd@gmail.com)**

**VACANCY NOTIFICATION: CONSULTANTS (TEMP.) No.30/2019**  
**Date: 12.09.2019**

The Director, NIEPMD, Chennai invites applicants for a walk in interview/selection process for engagement of Consultants, for its Extension Centre at Chengleput Medical College, Chengleput, Kancheepuram Dist. Tamil Nadu.

**VENUE : NIEPMD, DEPwD, MSJ&E, GOI, Muttukadu, Chennai-603 112.**  
**DATE : 20. 09. 2019**  
**TIME : 11.00 am. (Room No. 52, Dept. of Therapeutics, I st. Floor)**

S.No.	Name of Position	Number	Educational Qualification	Remuneration
1.	Clinical Psychologist	1	M.Phil. in Clinical Psychology or Rehabilitation Psychology.	Rs. 350/- per session for four sessions per day.
2.	Special Educator	1	Diploma in Special Education with 2 years of relevant experience or B.Ed. in Special Education.	Rs. 225/- per session for four sessions per day.

**Note:**

- Persons with Disabilities and the parents and full siblings of surviving persons with disabilities will be given waiver of essential experience up to two years. Those willing to avail this concession shall produce necessary documentary evidence while attending the selection process.
- This engagement will be purely temporary and only for a period of 89 days and the engagement will cease after the 89<sup>th</sup> 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 at Room No. 52 in the Dept. of Therapeutics in the first floor of the main building before 11.00 A.M on 20. 09.2019.

**Sd/-  
DIRECTOR,  
NIEPMD**



**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](http://www.niepmd.tn.nic.in)

E-mail: [niepmd@gmail.com](mailto:niepmd@gmail.com)

### Application form

Post Applied For:

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

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 : SC  ST  OBC  General  Ex-Service man   
(Attach certificate)
11. Are you Persons with Disability: Yes  No  OH  VI  HI  others   
(If yes, mention the category of  
Disability with relevant Certificate )





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