



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

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VACANCY NOTIFICATION: DEMONSTRATOR No. 02/2022

Date: 17 .01.2022

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

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

Date: 28 .01.2022

Time: 10.00 AM (Room no: 13, Ground Floor, NIEPMD)

Sl. No.	Name of the Position	No. of Vacancy	Qualification	Remuneration
1.	Demonstrator - Prosthetics and Orthotics (Consultant)	01 (11 Months)	<u>Essential:</u> 1. Master in Prosthetics and Orthotics.(Full time) Or 2. Bachelor in Prosthetics and Orthotics with 2 years of experience in the field. 3. Valid RCI Registration.	Rs.30,800/- per month. (Consolidated)

Note:

- This engagement will be purely temporary and only for a period of 11 Months and the engagement will cease after the 11th Month without any notice. Renewal of engagement for further 11 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.
- 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 10.00 A.M on 28.01.2022.

Sd/-
DIRECTOR
NIEPMD

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