



**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 ~



**MANPOWER ENGAGEMENT NOTIFICATION: CONSULTANT No. 03/2024**

**Date: 14.02.2024**

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

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

**Date:** 28.02.2024

**Time:** 11.00 AM (Room No.13, Ground Floor, NIEPMD for Sl. No. 1)  
(Room No.29, First Floor, NIEPMD for Sl. No. 2)

Sl. No	Name of the Position	No. of Vacancy	Qualification	Remuneration
1.	Research Assistant (Consultant)	01 (11 month contract basis)	<b>Essential:</b> 1. UG Degree with B.Ed SE (CP/MD)/D.Ed SE (CP/MD). 2. Valid RCI registration <b>Desirable:</b> 1. Minimum 1 year research experience. 2. M.Ed SE 3. Working Knowledge in Computer application, Editing, Compilation manual preparation etc.,	Rs. 24,000/- per month (Consolidated Pay)
2.	Research Assistant (Consultant)	01 (11 month contract basis)	<b>Essential:</b> 1. PG Degree with M.Ed SE 2. Valid RCI registration <b>Desirable:</b> 1. Minimum 1 year research experience. 2. Working Knowledge in Computer application, Editing, Compilation manual preparation etc.,	Rs. 30,000/- per month (Consolidated Pay)

**Note:**

- This engagement will be purely temporary and only for a period of 11 months and the engagement will cease after the 11<sup>th</sup> 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).
- NIEPMD will retain data of applications received from non-shortlisted candidates only for a period of six months after completion of recruitment process i.e., the issuance of offer letter to the selected candidate.
- 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 28.02.2024.

Sd/-  
DIRECTOR  
NIEPMD



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**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:  
(enclose Copy of Certificate)
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 ) Category





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