



**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. 44/2022**  
**Date:28.10.2022**

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:** 16.11.2022  
**Time:** 11.00 A.M (Room No. 52, 1<sup>st</sup> Floor NIEPMD)

Sl. No.	Name of the Position	No. of Post	Qualification	Remuneration
1.	Tutor in Occupational Therapy (Consultant)	01 (11 months)	<b>Essential:</b> 1. BOT/B.Sc., Occupational Therapy	Rs. 30,800/- PM. (Consolidated)

**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 month 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 three 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 **16.11.2022**.

**Sd/-  
DIRECTOR  
NIEPMD**

**Copy to:**

1. Notice Board.



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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)

D D	M M	Y Y Y Y
<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  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   
(If yes, mention the category of Disability with relevant Certificate )

Category  
OH  VI  HI  others





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