

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 E-mail: niepmd@gmail.com

VACANCY NOTIFICATION (TEMPORARY) No. 23/2020 Date: 11, 09, 2020

The Director NIEPMD, Chennai invites applications from Indian Nationals for the temporary post of Hindi Typist (Consultant). Those interested possessing the qualification given here below may send their application in the prescribed format as per details given.

Name of the Position	Qualification	Remuneration		
Hindi Typist (Consultant)	Essential: i. Under graduation. ii. Good skills in Hindi and English Typewriting. iii. Good Computer Skills. iv. Two years of relevant experience. Desirable: i. Studied Hindi as a subject in under Graduation. ii. Good skills in translation from English to Hindi vice-versa.	Rs. 22,000/- per month consolidated with no other allowances.		

IMPORTANT NOTE:

- i. The above post will be filled purely on contractual basis.
- ii. The period of contractual engagement as consultant will be for **11 months**. The selected candidate will be entitled to only lump sum monthly consolidated remuneration as mentioned. No other Allowances such as Dearness Allowance/House Rent Allowance/Medical Allowance/GPF/NPS and other allowances entitled for Government servant will be paid.
- iii. No upper age limit and post based reservation is prescribed as post being filled up on contractual basis for short term.
- iv. Application fee of **Rs. 500**/- in the mode of Demand Draft made in favour of Director, NIEPMD, payable at Chennai need to be enclosed. SC/ST/PwD are exempted from payment of application fee.
- v. Application format given here may be used. The envelope containing application should be superscribed "Application for the post of Hindi Typist (Consultant).
- vi. Bringing in any type of Political/Official interference, influence, canvassing, other pressures in any form etc., will render disqualification of the candidature and action as deemed fit will be taken against such candidates. No correspondence in this matter will be entertained.

APPLICATION FORM DULY FILLED IN, SUPPORTED WITH SELF-ATTESTED PHOTOCOPIES SHOULD BE SUBMITTED WITHIN 21 DAYS FROM PUBLISHING OF THE ADVERTISEMENT IN THE NEWS PAPER TO THE DIRECTOR NATIONAL INSTITUTE FOR EMPOWERMENT OF PERSONS WITH MULTIPLE DISABILITIES (DIVYANJAN) (NIEPMD), MUTTUKADU, EAST COAST ROAD, KOVALAM POST, CHENGALPATTU DIST., CHENNAI - 603 112, TAMIL NADU.

Sd/-DIRECTOR (Offg.) 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.

 $\label{eq:Tele-Fax: +91-44-27472389} Telephone: 27472104, 27472113.$

Toll Free No: 18004250345 Website: www.niepmd.tn.nic.in E-mail: niepmd@gmail.com **Application form** Recent Passport size Photograph (5 cm X 4.5 cm) to **Post Applied For:** be affixed &attested 1. Advertisement No/Date: 2. Name in Applicant: (in full Block Letters): YYYY D D M_M 3. Date of Birth: (encloseCopy of Certificate) 4. Citizenship Status: Citizen of India By Birth By Domicile (Please Tick) 5. Aadhaar No: 6. RCI/MCI Registration No: (Applicable in case of Faculty &Technical Positions) 7. Name of Father/Spouse: NRI Indian Foreign 8. Nationality: 9. Gender: Female others Male SC ST OBC General Ex-Service man 10. Category: (Attach certificate) Category 11. Are you Persons with Disability: Yes No ОН others (If yes, mention the category of

Disability with relevant Certificate)

12. Address for Communication: House No & Street Name	
Village/City:	
District:	
Post Office:	
State:	
Pin-code:	
Phone No(Land Line):	
Mobile No:	
Email Id:	

13.Details of Education starting from Matric (SSLC/X Std.,) onwards :- (to give details only onpassed courses &where Degree/Certificates etc., are already awarded/issued):

Academic Qualification	Discipline	University /Inst/Board	Year & Month of Entry	Year & Month Passed	Full Time/Part Time/Correspondence	% of Marks

14. Additional Qualification / Certificate Courses if any (Training, Apprentice programs attended, refresher courses completed etc.)

Course	Duration	Certificate/ Organization	Whether Govt authorized/recognized	Class/Mark/details

15. Experience in chronological order upto the present post: (Attach a separate sheet if required)

Name of Organization/	Designation/ Post held	whether on Regular Basis or on Deputation or on Contract Basis etc.,)	Salary drawn (Pay band + G.P to be mentioned in case of Govt. organization)	From	То	Nature of Work presently dealing with(attach proof/experience certificate	Total period of Exp in Years & Months

	hy you think you are suitable for the post you have applied for (Detain one page):	ls
	ferenceof three persons with whom you have interaction g your work or study period)	
S.No	Names, Designation and Address with Phone No & Mail ID	
1		
2		
3.		
	ny other relevant information the applicant want to mention, if any (at s if necessary): DECLARATION OF THE APPLICANT	ttach additional
inform	I hereby declare that the information given above is correct to edge and beliefand I fully understand that if it is found at a lateration given in the applicationis incorrect / false or if I do not sation, my candidature / appointment is liableto be cancelled / terminated	er date that any isfy the eligibility
Place	:	

Signature of the Applicant

Date :

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