



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: CONSULTANT No. 30/2022

Date: 24.08.2022

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: 02.09.2022

Time: 11.00 AM

(Room No. 52, for Clinical/Rehabilitation Psychologist, 1st Floor NIEPMD)

| Sl. No. | Name of the Position | No. of post | Qualification | Remuneration |
|---------|---|----------------------|---|---|
| 1. | Clinical/Rehabilitation Psychologist (Consultant) | 01 (89 day basis) | M. Phil in Clinical/ Rehabilitation Psychology. | Rs.450/- per session. Maximum of 4 sessions per day. (Approx. Rs. 36,000/- per month) |

Note:

- This engagement will be purely temporary and only for a period of 89 days and the engagement will cease after the 89th 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 before 11.00 A.M on **02.09.2022**.

**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