



NATIONAL INSTITUTE FOR EMPOWERMENT OF PERSONS WITH MULTIPLE DISABILITIES (NIEPMD)
(Dept. of Empowerment of Persons with Disabilities (Divyangjan), MSJ & E, Govt. of India)
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VACANCY NOTIFICATION: CONSULTANT (TEMPORARY) NO. 43/2019

Date: 06. 11. 2019

The Director, NIEPMD, Chennai invites applicants for a walk in interview/selection process for engagement of an Instructor in Surgical Shoes & Leather Work for P & O Section.

Venue: NIEPMD, DEPwD, MSJ&E, GOI, Muttukadu, Chennai - 603 112.

Date : 22nd November, 2019

Time : 11.00 AM. (Room No. 13, Ground Floor, NIEPMD.

Name of the Position	No. of Post	Qualification	Remuneration
Instructor in Surgical Shoes & Leather Work (Consultant)	1	<u>Essential:</u> Diploma in Footwear Technology with two years' experience in Orthotics and Prosthetics, Surgical Shoe Making.	Rs. 25,000/- per month.

Note:

- This engagement will be purely temporary for a period of 11 months.
- The incumbent will be paid honorarium on monthly basis. 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 at **11.00 AM on 22nd November 2019 at Room No. 13, Ground Floor, NIEPMD.**

**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