



National Institute for Empowerment of Persons with Multiple Disabilities

(Dept. of Empowerment of Persons with Disabilities, MSJ&E, Govt of India)

ECR, Muttukadu, Kovalam PO, Chennai 603 112

Ph: 044-27472113 Fax: 044-27472389

Website: www.niepmd.tn.nic.in

Email: niepmd@gmail.com

Employment Notice No.03/2016

Applications are invited from the Indian Nationals who are eligible for appointment to the following post to be filled up purely on Contract basis for a period of One year or the joining of the regular incumbent on deputation.

S/No.	Name of the post	No. of Post	Fixed remuneration per month	Essential Qualifications & Experience required/Upper age limit
1.	Contract Staff (Claims & Bills)	01 (One)*	Rs.20,000/- per month (Consolidated Pay - No other allowance, perks and incentives are admissible.)	Commerce Graduate from a Recognised University. Two years' experience in dealing with maintenance of Cash Book and maintenance of accounts, preferably in a Central/State Government department/Autonomous organization / PSUs / Companies and organizations of repute / etc. Working Knowledge of Tally accounting package. Upper age limit : 30 years

Terms and conditions:-

1. A FIXED Consolidated monthly remuneration of Rs.20,000/- will be paid and no other allowance will be payable to the Contract Staff (Claims & Bills).
2. Experience in working with Administration, Establishment, Academic Admin etc., is desirable.
3. The qualification & experience prescribed shall be reckoned as on the last date for receipt of Application.
4. Mere fulfilment of minimum qualification and experience requirements does not entitle any candidate for interview call. Short-listing criteria may be set higher than the minimum advertised.
5. The Institute reserves the right of rejecting any or all the applications without assigning any reasons thereof.
6. Original documents/certificates will have to be produced at the time of interview for verification
7. **The period of engagement will be for a period of one year only.**
8. **NIEPMD reserves its right to terminate the contract of the without assigning any reason.**
9. **Interested candidates may apply on prescribed application form, which may be downloaded from the website www.niepmd.tn.nic.in.**
10. The LAST DATE FOR RECEIPT OF FILLED IN APPLICATION IS **07th June 2016**.
11. The filled in application form as per the prescribed proforma along with the copies of self-attested documents in proof of essential qualifications and experience shall be sent through **SPEED POST** to reach **“The DIRECTOR, NIEPMD” at the above mentioned address before the last date mentioned above (i.e.,07th June 2015)**. NIEPMD will not be responsible for any loss/delay in receipt of the applications. The envelope containing the application should be super scribed as “Application for the post of Contract Claims & Bills”.
12. Incomplete application form or without supporting copies of certificates /documents will be summarily rejected.

Director

IMPORTANT NOTE:-

1. If space is insufficient, shall enclose in separate sheet in the above format.
2. The applicants should submit the self-attested copies of certificates in proof of educational/technical qualification and the Experience Certificate issued by the present/last employer clearly stating the name of the post, period of service, nature of duties, salary paid etc . If the Experience is not found enclosed, the application will be rejected.

10. Experience in chronological order upto the present/last post held :-

Organisation /Department/ Office	Designation/ Post held (also state whether on REGULAR BASIS or ON Deputation OR on CONTRACT BASIS etc.,)	From	TO	Pay / Salary drawn per month	Nature of Work
		(If on contract basis mention the term of contract)			

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

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

12. Present Employment with complete details of:-

- a) Nature of present work & responsibility held :
- b) Period of present employment :
- c) Salary drawing per month :

13. Explain how you are suitable for the post

Applied for and why do you like to join NIEPMD : **Attach a one page write up**

14. References :-

Names, Designation and Address with email ID & contact details of three Referees / references (*with whom you have interaction during your work or study period*)

(a)

(b)

(c)

15. 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 :

Signature of the Applicant With full name in Block letters

COMMUNICATION ADDRESS :-

Ph. _____ / _____

Email :

Endorsement of the Present Employer

(* please refer to the Important Note at Srl.10 above & the detailed advertisement for the post applied for)

The application and the details & records of Shri/Smt/Ms./Dr. _____ (serving in this office in Regular capacity / On Contract Basis in the scale of pay Rs. _____ GP Rs. _____ /- in PB) (Name and Designation of applicant), applied for the post of _____ at NIEPMD, Chennai are verified and found correct. As it is found that the applicant Shri/Smt/Ms./Dr. _____ fulfills the eligibility criteria and is eligible for the post applied for and that no vigilance/Inquiry case is either pending or contemplated against the applicant and no major/minor penalty has been imposed on him/her during the entire service, the application with records and attested copies of ACRs,(APARs) etc., is forwarded herewith duly recommended to :-

The Director,
National Institute for Empowerment of Persons with Multiple Disabilities
(NIEPMD),
(Ministry of Social Justice & Empowerment, Govt. of India),
East Coast Road (ECR), Muttukadu,
Kovalam Post, Chennai – 603 112. (Tamil Nadu).

Station : _____ Signature of the Head of the Organization / Authorized signatory
with office Seal

Dated : _____

Enclosures: _____ Number of Sheets & DD for Rs. _____ /- (if applicable)

