



**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

Employment Notice No.10/2018

NIEPMD invites applicants for **Walk-in-Selection** from Indian Nationals who fulfil the prescribed qualification, experience, age and other conditions for filling up the following non-sanctioned positions purely on contractual basis.

Venue: NIEPMD, Muttukadu, Chennai-603 112.

Date: 6th July 2018

Time: 11.00 am.

The engagement of faculty on contractual basis will be initially of a period of 01 (one) year, performance reviewed on every semester basis and the period of engagement on contract basis restricted to a maximum period of 02 (two) years.

The engagement of faculty on contract is based on the conduct / renewal / recognition of the HRD programme (BASLP) and depending upon the other academic/research activities of the Institute.

S. No	Name of the Post	No. of Post	Remuneration	Upper Age limit as on last date of receipt of applications	Essential Qualifications & Experience required/Upper age limit
1.	Audiologist & Speech Language Pathologist Grade II	1 (One)	Rs. 300/- per session up to four sessions per day	Not exceeding 35 years	<u>Essential Qualification(s):-</u> (a) B.Sc (Sp & Hg)/ B.ASLP or is equivalent (b) Valid RCI registration

Note:

1. Read all the instruction given as below before filling up of the application and submission.
2. For Queries call 9940124537 (HOD Speech & Hearing)

Other requirements:-

1. The applicant must be a citizen of India.
2. The Management reserves the right to call only those candidates who according to its decision rank high in term of eligibility criteria among the applications received and mere possessing the EQ / DQ and experience will not entail any candidate a right to be considered eligible for the post. The final list of candidates called for the comprehensive walk-in selection process is based on short-listing of candidates by the duly constituted committee(s).
3. The management reserves the right to reject any application without assigning any reason. It also reserves the right restrict the number of applicants for selection process upon the level of response for

each post. The management reserves the right not to fill up the posts or any of the advertised posts. It reserves the right to offer lower position to the candidate(s) depending upon nature of experience possessed by the candidate. It also reserves the right to reject any applicant, cancel the part or candidature without any assigning any reason(s) thereof.

4. The Competent Authority/the duly constituted committee for this purpose can consider the candidature of such applicants who are in possession of lesser experience prescribed for, if otherwise in possession of essential qualification, as prescribed for. The consolidated pay of such candidate(s) will be fixed in the appropriate level. As such, candidates with lesser experience shall also apply for the positions notified.
5. The Competent Authority/duly constituted committee shall recommend fixing of appropriate consolidated pay in commensurate with the lesser experience/for those shortlisted candidate(s) whose performance in the screening process is found not up to the level fixed etc.
6. The decision of the Director, NIEPMD will be final and binding in all aspects.
7. The Selection shall be done based upon marks obtained in multiple choice questions.
8. 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 candidate. No correspondence in this matter is entertained. Any interim correspondence will not be entertained and replied to.

--SD--
Director
NIEPMD



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
 East Coast Road, Muttukadu, Kovalam (Post), Chennai-603 112.
 Tele – Fax : +91-44-27472389, Telephone : 27472104, 27472113.
 Website: www.niepmd.tn.nic.in E-mail: niepmd@gmail.com
 Toll Free No: 18004250345

Application form
(Advt No.10/2018)

Recent Passport
 size Photograph
 (5 cm X 4.5 cm) to
 be affixed
 &attested

Post Applied For: _____
(On Contract)

1. Name in Applicant:
 (in full Block Letters):

2. Date of Birth:
 (Enclose Copy of Certificate)
 D D M M Y Y Y Y Age

3. Citizenship Status: Citizen of India By Birth By Domicile
 (Please Tick)

4. Aadhaar No:

5. RCI/MCI Registration No:
 (Applicable in case of Faculty & Technical Positions)

6. Name of Father/Spouse:

7. Nationality: Indian Foreign NRI

8. Gender: Male Female others

9. Category: SC ST OBC General Ex-Service man
 (Attach certificate)

10. Are you Persons with Disability: Yes No
 (If yes, mention the category of Disability with relevant Certificate) OH VL HI Others

15. Innovative, Developmental works undertaken & significant achievements:

(If applicable) (Enclose supporting documents)

S.No	Particulars	Number
1	Patent	
2	Publication of Books	
3	Publication of articles in Indian Journals	
4	Publication of articles in International Journals	
5	Projects	
6	Paper Presentations in Seminar/Conference/Workshop	
7	Membership of Professional Bodies/Universities	

16. Why you think you are suitable for the post you have applied for (Details within one page – attach separately):

17. Reference of three persons with whom you have interaction during your work or study period)

S.No	Names, Designation and Address	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 applications incorrect / false or if I do not satisfy the eligibility criteria, my candidature / appointment is liable to be cancelled / terminated.

Place:

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Date:

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DD MM YYYY

Signature of the Applicant