



**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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**Employment Notice No.18/2019**

**Date : 01.07.2019**

The Director, NIEPMD, Chennai invites applicants for a walk in interview/selection process for engagement of Consultants, for the Training Programme & Academic Section from eligible candidates.

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

**Date: 16. 07. 2019**

**Time: 11.00 am.**

<b>Name of Posts</b>	<b>Number</b>	<b>Educational Qualification</b>	<b>Remuneration</b>
Assistant (Consultant)	1	<b>Essential:</b> Graduate with computer skills or BCA. <b>Desirable:</b> Professional qualification in any field of rehabilitation /Special Education.	Rs.200/- Per sessions for four sessions per day.

**Note:**

- This engagement will be purely temporary and only for a period of 89 days and the engagement will cease after the 89<sup>th</sup> day without any notice.
- The incumbent will be paid honorarium on session basis 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.

**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