



**NATIONAL INSTITUTE FOR EMPOWERMENT OF PERSONS  
WITH MULTIPLE DISABILITIES (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](http://www.niepmd.tn.nic.in) E-mail: [niepmd@gmail.com](mailto:niepmd@gmail.com)

**VACANCY NOTIFICATION: CONSULTANT (TEMPORARY) NO. 04/2020**

**Date: 30. 01. 2020**

The Director, NIEPMD, Chennai invites applicants for a walk in interview/selection process for engagement as Assistant in Director's Office.

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

Date : 14<sup>th</sup> February 2020

Time : 10.00 AM. (Room No. 118, 3<sup>rd</sup>Floor, HRA Unit)

Name of the position	No. of Post	Qualification	Remuneration
Assistant	1	<b><u>Essential:</u></b> Graduate with Diploma in Computers or Graduate with Two years experience	Rs. 200/- per session of two hours. Maximum of 4 sessions a day. Approximately Rs. 16,000/- Per month.

**Note:**

- This engagement will be purely temporary and only for a period of 89 days and engagement will cease after the 89<sup>th</sup> day without any notice.
- 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 14<sup>th</sup> February 2020 at Room No. 118, 3<sup>rd</sup> Floor, HRA Unit.**

**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