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, 27472423, Toll Free No: 18004250345
Website: www.niepmd.tn.nic.in E-mail: niepmd@gmail.com

Employment Notice No.20/2019
Dt. 18.07.2019

The Director, NIEPMD, Chennai invites applicants for a walk in interview/selection process for engagement of Consultants/staff for the Respite Care Centre under the Dept. of Social Work/ Medical Sciences.

Venue: **NIEPMD, DEPwD, MSJ&E, GOI, Muttukadu, Chennai-603 112.**
Date/ Time : **2nd August 2019 at** 11.00 A.M.

Name of the Position	No. of Posts	Qualification	Honorarium
Staff Nurse (Consultant)	1	B. Sc. Nursing with 2 years experience.	Rs. 300/- per session for 4 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 89th 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 rights to claim for any regularization or extension/ renewal of engagement in any circumstances.
- No application fee will be charged. Candidate to bring filled in application in the prescribed format.
- 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.
- Candidates are requested to report **at Room No. 87, Dept. of Social work, 2nd floor in the main building.**

Sd/-
DIRECTOR, NIEPMD

National Institute for Empowerment of Persons with Multiple Disabilities
(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.
Toll Free No: 18004250345
Website: www.niepmd.tn.nic.in E-mail: niepmd@gmail.com

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

Application form

Post Applied For:

1. Advertisement No/Date:
2. Name in Applicant: (in full Block Letters):
3. Date of Birth: (encloseCopy of Certificate) D D M M Y Y Y Y
4. Citizenship Status : (Please Tick) Citizen of India By Birth ☐ By Domicile ☐
5. Aadhaar No:
6. RCI/MCI Registration No: (Applicable in case of Faculty &Technical Positions)
7. Name of Father/Spouse:
8. Nationality: Indian ☐ Foreign ☐ NRI ☐
9. Gender: Male ☐ Female ☐ others ☐
10. Category : (Attach certificate) SC ☐ ST ☐ OBC ☐ General ☐ Ex-Service man ☐
11. Are you Persons with Disability: Yes ☐ No ☐ Category OH ☐ VI ☐ HI ☐ others ☐
(If yes, mention the category of Disability with relevant Certificate)

12. Address for Communication:

House No & Street Name

Village/City:

District:

Post Office:

State:

Pin-code:

Phone No(Land Line):

Mobile No:

Email Id:

13.Details of Education starting from Matric (SSLC/X Std.,) onwards :- (to give details only onpassed courses &where Degree/Certificates etc., are already awarded/issued):

Academic Qualification	Discipline	University /Inst/Board	Year & Month of Entry	Year & Month Passed	Full Time/Part Time/Correspondence	% of Marks

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

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

15. Experience in chronological order upto the present post:
(Attach a separate sheet if required)

Name of Organization/	Designation/ Post held	whether on Regular Basis or on Deputation or on Contract Basis etc.,)	Salary drawn (Pay band + G.P to be mentioned in case of Govt. organization)	From	To	Nature of Work presently dealing with(attach proof/experience certificate	Total period of Exp in Years & Months

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

17.Referenceof 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 beliefand I fully understand that if it is found at a later date that any information given in the applicationis incorrect / false or if I do not satisfy the eligibility criteria, my candidature / appointment is liableto be cancelled / terminated.

Place :

Date :

D D M M Y Y Y Y

Signature of the Applicant