



**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

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**VACANCY NOTIFICATION: CONSULTANT (TEMPORARY) NO. 40/2019**

**Date: 30. 10. 2019**

The Director, NIEPMD, Chennai invites applicants for a walk in interview/selection process for engagement of consultants for B.ASLP Course, Dept. of Speech, Hearing and Communication.

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

Date : 15<sup>th</sup> Novemebr, 2019

Time : 11.00 AM. (Room No. 68, 2<sup>nd</sup> Floor, Dept. of Speech, Hearing and Communication)

Name of the position	No. of Posts	Qualification	Remuneration
Ear Mould Technician (Consultant)	1	<b>Essential:</b> DHLS / DHAREMT Valid RCI Registration	Rs.225/- per session. Approximately Rs. 18,000/- per month.
Data Entry Operator (Consultant)	1	<b>Essential:</b> 10 + 2 Passed with Proficiency in English Typing and MS Office	Rs. 175/- per session. Approximately Rs. 14,000/- per month.

**Note:**

- This engagement will be purely temporary on 89 day engagement basis.
- 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 15<sup>th</sup> November 2019 at Room No. 68, 2<sup>nd</sup> Floor, Dept. of Speech, Hearing and Communication**

**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