



**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.niepmid.tn.nic.in E-mail: niepmid@gmail.com

VACANCY NOTIFICATION : CONSULTANT (TEMPORARY) No. 27/2020

Date : 29. 09. 2020

The Director, NIEPMD, Chennai invites applicants for a walk-in interview/selection process to engage a Placement Officer (Consultants) for the Dept. of Adult Independent Living (DAIL).

Venue: NIEPMD, East Coast Road, Muttukadu, Chennai-603 112.

Date: 06. 10. 2020

Time: 11.00 AM (Room No. 79 , Dept. Adult Independent Living, (DAIL) 2st Floor NIEPMD)

Name of the Position	No. of Vacancies	Qualification	Remuneration
Placement Officer (Consultant)	01	Essential: i. Post Graduate with M.Ed. SE / B.Ed. SE (ASD /MD / ID) or D.Ed. SE (ASD/CP) ii. Minimum 5 years experience in the field of disabilities and working with adults.	Rs. 400/- per session. Maximum of 4 sessions per day. (Approximately Rs. 32,000/- per month)

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. Renewal of engagement for further 89 days is subject to project need and performance.
- The incumbent will be paid consolidated honorarium 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.
- The Candidates are requested to report at Room No. 79 , 2nd Floor, Department of Adult Independent Living before 11.00 A.M on 06.10.2020 .

**Sd/-
DIRECTOR (Offg.)
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