



**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](http://www.niepmd.tn.nic.in) E-mail: [niepmd@gmail.com](mailto:niepmd@gmail.com)

**Employment Notice No.05/2019**

The Director, NIEPMD, Chennai invites applicants for a walk in interview/selection process for engagement of Consultants from eligible candidates.

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

Date: 26<sup>th</sup> February, 2019.

Time: 10.00 am.

Sl. No	Name of the Position	No. of Positions	Honorarium	Qualification
1.	Rehabilitation Officer, DAIL Workshop (Consultant)	1	Rs.350/- Per session for 4 sessions per day	<b>Essential:</b> a. M.Ed SE (MD/ ASD) or Post Graduate with B.Ed. SE (MD/ASD) or D.Ed. SE (MD/ASD/CP) b. Minimum 5 years of experience in the field of Disabilities (Job Placement, Skill Training, Vocational Guidance & Counselling) <b>Desirable:</b> a. Computer Knowledge
2	Vocational Instructor (Printing technology) (Consultant)	1	Rs.225/- Per session for 4 sessions per day.	<b>Essential:</b> a. 10 <sup>th</sup> /12 <sup>th</sup> Certificate, Diploma in Printing Technology. b. Minimum 02 years experience in the field of Digital Printing Technology <b>Desirable:</b> a. Computer Knowledge
3	Vocational Instructor (Nursary, Mushroom Cultivation, Vermiculture)	1	Rs.225/- Per session for 4 sessions per day	<b>Essential:</b> a. 10 <sup>th</sup> /12 <sup>th</sup> Certificate, Diploma in Agriculture farming. b. Minimum 02 years experience in the field of Agricultural farming <b>Desirable:</b> a. Computer Knowledge

**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 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.

**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](http://www.niepmd.tn.nic.in)

E-mail: [niepmd@gmail.com](mailto:niepmd@gmail.com)

**Application form**

**Post Applied For:**

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

1. Advertisement No/Date:

2. Name in Applicant:  
(in full Block Letters):

3. Date of Birth:  
(enclose Copy 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   
(If yes, mention the category of  
Disability with relevant Certificate )

Category

OH  VI  HI  others





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