



**NATIONAL INSTITUTE FOR EMPOWERMENT OF PERSONS WITH
MULTIPLE DISABILITIES (Divyangjan)**

(Dept. of Empowerment of Persons with Disabilities (Divyangjan),
(Ministry of Social Justice & Empowerment, Govt. of India)
Muttukadu, East Coast Road, Kovalam (P.O), Chennai - 603 112
Tamil Nadu – India. Phone: 044 – 27472046, 27472104, 27472113, 27472423
~ Accredited by NAAC~ ~ ISO 9001:2015~



MANPOWER ENGAGEMENT NOTIFICATION: CONSULTANT No. 25/2024

Date: 04.12.2024

The Director, NIEPMD, Chennai invites applicants for a walk-in interview/selection process to engage Staff on contract.

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

Date: **23.12.2024 (Monday)**

Time: 11.00 AM

Sl. No	Name of the Position	No. of Vacancy	Qualification	Remuneration
1.	Research Assistant (Consultant)	02 (1 Male & 1 Female)	Essential: 1. Bachelor in Physiotherapy Desirable: 1. Experience of working with Aquatic Rehabilitation/Hydrotherapy.	Rs.35,000/- per month (Consolidated Pay)
2.	Technician (Consultant)	01	Essential: 1. Diploma/Degree in Engineering (Preferably Electrical or Mechanical)	Rs.30,000/- per month (Consolidated Pay)

Note:

- This engagement will be purely temporary and only for a period of 24 months and the engagement will cease after the 24th month without any notice.
- 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).
- NIEPMD will retain data of applications received from non-shortlisted candidates only for a period of six months after completion of recruitment process i.e., the issuance of offer letter to the selected candidate.
- Candidates has 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 Institute reserves the right to cancel the advertisement or part thereof without assigning any reasons.*
- The Candidates are requested to report before 11.00 A.M on **23.12.2024 (Monday)**

**DIRECTOR
NIEPMD**



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(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.nic.in

E-mail: niepmd@gov.in

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):

D D M M Y Y Y Y

3. Date of Birth: (enclose
Copy of Certificate)

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 :

SC ☐ ST ☐ OBC ☐ General ☐ Ex-Service man ☐

Attach certificate)

11. Are you Persons with Disability: Yes ☐ No ☐

(If yes, mention the category of

Disability with relevant Certificate)

Category

OH ☐ VI ☐ HI ☐ others ☐

[illegible][illegible][illegible][illegible]

Post Office:

[illegible]

Pin-code:

Phone No(Land Line):

[illegible][illegible]

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

[illegible]

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

[illegible]

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

[illegible]

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