

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. 03/2025

Date: <u>07.02.2025</u>

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.

<u>Date:</u> <u>25.02.2025</u> <u>Time:</u> 11.00 AM

Sl. No	Name of the Position	No. of Vacancy	Qualification	Remuneration
1.	Clinical/ Rehabilitation Psychologist (Consultant)	01	Essential: 1. M.Phil in Clinical/ Rehabilitation Psychology. 2. Valid RCI registration. Desirable: 1. Two years experience.	Rs.40,000/- per month (Consolidated Pay)
2.	Occupational Therapist (Consultant)	01	Essential: 1. Bachelor in Occupational Therapy.	Rs.35,000/- per month (Consolidated Pay)

Note:

- This engagement will be purely temporary and only for a period of 11 months and the engagement will cease after the 11th 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 25.02.2025.

Sd/-DIRECTOR NIEPMD



(If yes, mention the category of Disability with relevant Certificate)

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.nic.in E-mail: niepmd@gov.in **Application form** Recent Passport size Photograph (5 cm X 4.5 cm) to **Post Applied For:** be affixed &attested 1. Advertisement No/Date: 2. Name in Applicant: (in full Block Letters): D D YYYY M_M 3. Date of Birth: (enclose Copy of Certificate) Citizen of India By Birth By Domicile 4. Citizenship Status: (Please Tick) 5. Aadhaar No: 6. RCI/MCI Registration No: (Applicable in case of Faculty &Technical Positions) 7. Name of Father/Spouse: NRI Indian Foreign 8. Nationality: 9. Gender: Male Female others SC ST OBC General Ex-Service man 10. Category: Attach certificate) Category No 11. Are you Persons with Disability: Yes OH | others

12. Address for Communication: House No & Street Name	
Village/City:	
District:	
Post Office:	
State:	
Pin-code:	
Phone No(Land Line):	
Mobile No:	
Email ld:	

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	То	Nature of Work presently dealing with(attach proof/experience certificate	Total period of Exp in Years & Months

	one page):	IS
	ference of three persons with whom you have ction during your work or study period)	
S.No	Names, Designation and Address with Phone No & Mail ID	
1		
2		
3.		
	y other relevant information the applicant want to mention, if any (at s if necessary): DECLARATION OF THE APPLICANT	tach additional
inform	I hereby declare that the information given above is correct to edge and belief and I fully understand that if it is found at a lat nation given in the application is incorrect / false or if I do not sat a, my candidature / appointment is liable to be cancelled / terminated	er date that any isfy the eligibility
Place Date:	Signature of t	the Applicant
	Jighttare Of	

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