

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 (Temporary) No. 05/2025

Date: <u>21.02.2025</u>

The Director, NIEPMD(D), Chennai invites applicants for a walk-in –interview/ selection process to engage staff on contract for CCCGP. Details are furnished below:

Venue: NIEPMD(D), East Coast Road, Muttukadu, Chennai - 603 112. Date: 07.03.2025, Time: 10.00 AM (Dept. of Special Education, 1st Floor NIEPMD(D))

S1. No	Name of the Post	No. of post	Consolidated Salary per month	Essential and Desirable Qualification
1.	Lecturer (Consultant)	01	Rs.60,000/-	 Essential Qualifications: Masters in any subject B.Ed Sp. Ed. (ASD/ID/MD); 02 years of work experience in the field of respective disability Valid RCI registration OR Masters in any subject;
				 D.Ed Spl. Edn. (ASD/CP/IDD/MD); 10 years of work experience in the field of respective disability. Valid RCI registration

NOTE:

- The engagement will be purely temporary and only for a period of 12 months.
- Paid leave of absence may be allowed @ 1 day for each completed month of service.
- 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.
- The Institute reserves the right to cancel the advertisement or part thereof without assigning any reasons.
- 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 on <u>07.03.2025</u> at <u>10.00 AM</u>.

-Sd/-DIRECTOR



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: 18004250345Website: www.niepmd.nic.inE

E-mail: <u>niepmd@gov.in</u>

	Recent Passport				
	Post Applied For:		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)				
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-Servic			
Category 11. Are you Persons with Disability: Yes No OH VI HI others (If yes, mention the category of Disability with relevant Certificate)					

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

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

16. Why you think you are suitable for the post you have applied for (Details within one page):

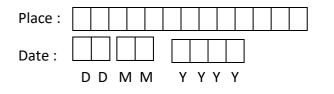
17. Reference of three persons with whom you have interaction during your work or study period)

S.No	Names, Designation and Address with Phone No & Mail ID
1	
2	
3.	
Э.	

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.



Signature of the Applicant	