



**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

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VACANCY NOTIFICATION: CONSULTANT (TEMPORARY) NO. 40/2019

Date: 30. 10. 2019

The Director, NIEPMD, Chennai invites applicants for a walk in interview/selection process for engagement of consultants for B.ASLP Course, Dept. of Speech, Hearing and Communication.

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

Date : 15th Novemebr, 2019

Time : 11.00 AM. (Room No. 68, 2nd Floor, Dept. of Speech, Hearing and Communication)

Name of the position	No. of Posts	Qualification	Remuneration
Ear Mould Technician (Consultant)	1	<u>Essential:</u> DHLS / DHAREMT Valid RCI Registration	Rs.225/- per session. Approximately Rs. 18,000/- per month.
Data Entry Operator (Consultant)	1	<u>Essential:</u> 10 + 2 Passed with Proficiency in English Typing and MS Office	Rs. 175/- per session. Approximately Rs. 14,000/- per month.

Note:

- This engagement will be purely temporary on 89 day engagement basis.
- The incumbent will be paid honorarium on monthly basis. 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 **11.00 AM on 15th November 2019 at Room No. 68, 2nd Floor, Dept. of Speech, Hearing and Communication)**

**Sd/-
DIRECTOR
NIEPMD**

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|-----|---|---|
| 1. | Advertisement No/Date: | <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> |
| 2. | Name in Applicant:
(in full Block Letters): | <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> |
| | | D D M M Y Y Y Y |
| 3. | Date of Birth:
(enclose Copy of Certificate) | <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> |
| 4. | Citizenship Status :
(Please Tick) | Citizen of India By Birth <input type="checkbox"/> By Domicile <input type="checkbox"/> |
| 5. | Aadhaar No: | <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> |
| 6. | RCI/MCI Registration No:
(Applicable in case of Faculty
& Technical Positions) | <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> |
| 7. | Name of Father/Spouse: | <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> |
| 8. | Nationality: | Indian <input type="checkbox"/> Foreign <input type="checkbox"/> NRI <input type="checkbox"/> |
| 9. | Gender: | Male <input type="checkbox"/> Female <input type="checkbox"/> others <input type="checkbox"/> |
| 10. | Category :
(Attach certificate) | SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/> General <input type="checkbox"/> Ex-Service man <input type="checkbox"/> |
| 11. | Are you Persons with Disability: Yes <input type="checkbox"/> No <input type="checkbox"/>
(If yes, mention the category of
Disability with relevant Certificate) | OH <input type="checkbox"/> VI <input type="checkbox"/> HI <input type="checkbox"/> others <input type="checkbox"/> |

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[illegible][illegible][illegible][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 :

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Date :

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D D M M Y Y Y Y

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Signature of the Applicant