



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

(Dept. of Empowerment of Persons with Disabilities (Divyangjan), MSJ & E, Govt. of India)

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**VACANCY NOTIFICATION: FACULTY MEMBER (TEMPORARY) NO. 50/2019
FOR DEPARTMENT OF MEDICAL SCIENCES**

DATE: 23. 12. 2019

The Director, NIEPMD, Chennai invites applicants for a walk in interview/selection process for engagement of a Faculty member for the Department of Medical Sciences.

Date : 07th January, 2020

Time : 11.00 AM. (Room No. 33, First Floor, NIEPMD).

Position	Vacancy	Eligibility	Pay
Asst. Professor Medical Sciences (Consultant)	1	Essential : i. M.Sc. Nursing in Psychiatry/Paediatrics. ii. Two years Teaching/Clinical /Research experience. iii. Valid NCI Registration. Desirable : i. Ph. D in the relevant field Publication.	Rs. 44,000/-* Consolidated.

*Sanction awaited

Note:

- This engagement will be purely temporary for a period of 11 months.
- 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 07th January, 2020 at Room No. 33, First Floor, NIEPMD.**

**Sd/-
DIRECTOR
NIEPMD**

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