



**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 (TEMPORARY) NO. : 07 / 2020**  
**Date: 07.02.2020**

The Director, NIEPMD, Chennai invites applicants for a walk in interview/selection process for engagement of consultants for its Early Identification cum Intervention Centre (EI) at NIEPMD, Chennai

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

**Date : 24<sup>th</sup> February 2020**

**Time : 10.00 AM. (Room No. 52, Dept. of Therapeutics, 1<sup>st</sup>Floor NIEPMD)**

S. No	Name of the Position	No . of Vacancies	Qualification	Honorarium
1.	Clinical/ Rehabilitation Psychologist	1	M.Phil in Clinical/ Rehabilitation Psychology	Rs. 450/- per session for 4 sessions per day. Approximately Rs. 36,000/- Per month.
2.	Community Based Inclusive Development Worker	1	Master of Social Work CD /M&P	Rs. 400/- per sessions for 4 sessions per day. Approximately Rs. 32,000/- Per month.
3.	Sr. Teacher (ECSE)	1	P.G. Degree with Diploma in Early Childhood Special Education/ D.Ed. – SE/ B.Ed - SE with Computer skills	Rs. 350/- per sessions for 4 sessions per day. Approximately Rs. 28,000/- Per month.
4.	Jr. Teacher (ECSE)	2	Graduate with Diploma in Early Childhood Special Education/ D.Ed. – SE/ B.Ed - SE with Computer Skills	Rs. 300/- per sessions for 4 sessions per day.

				Approximately Rs. 24,000/- Per month.
5.	Care Givers	4	RCI Recognized Care Giver Certificate Course.	Rs. 150/- per sessions for 4 sessions per day. Approximately Rs. 12,000/- Per month.
6.	Pediatrician (Part time)	1	MD Pediatrics	Rs. 1000/- Session for Two sessions per day. Approximately Rs. 40,000/- Per month.

**Note:**

- This engagement will be purely temporary for a period of 89 days only.
- 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 **10.00 AM on 24<sup>th</sup> February 2020 at Room No. 52, Dept. of Therapeutics, 1<sup>st</sup>Floor NIEPMD.**

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: 18004250345**

Website: [www.niepmd.tn.nic.in](http://www.niepmd.tn.nic.in)

E-mail: [niepmd@gmail.com](mailto:niepmd@gmail.com)

### 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):

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

D D     M M     Y Y Y Y

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-Service man

11. Are you Persons with Disability: Yes  No   
(If yes, mention the category of  
Disability with relevant Certificate )

Category

OH  VI  HI  others





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