

## 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~

## VACANCY NOTIFICATION: CONSULTANT No. 29/2022 Date: 19.08.2022

The Director, NIEPMD, Chennai invites applicants for a walk-in interview/selection process to engage staff member on contract.

 Venue:
 NIEPMD, East Coast Road, Muttukadu, Chennai - 603 112.

 Date:
 30.08.2022 (Tuesday)

 Time:
 11.00 AM

 (Room No. 87, 2<sup>nd</sup> Floor, NIEPMD)

<b>S1.</b>	Name of the	No. of	Qualification	Remuneration
No.	Position	Post		
1.	Staff Nurse (Consultant)	01 (89 day basis)	Essential: 1. Diploma in General Nursing & Midwifery with 5 years experience or B.Sc. Nursing	<b>Rs. 350/- per session.</b> Maximum of 4 sessions per day. (Approx. Rs.28,000/- per month).
			<ul> <li>with 2 years experience.</li> <li>Job Role: <ol> <li>To provide First Aid.</li> <li>To provide basic health care management.</li> <li>To provide nursing support to all super specialty clinics.</li> <li>To maintain health records of the children with special needs attending services.</li> </ol> </li> </ul>	ro.20,000, per monuly.

## Note:

- This engagement will be purely temporary and only for a period of 89 days and the engagement will cease after the 89<sup>th</sup> day without any notice. Renewal of engagement for further 89 days is subject to project need and performance.
- 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).
- 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 before 11.00 A.M on 30.08.2022 (Tuesday)

Sd/-DIRECTOR NIEPMD



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: <u>www.niepmd.tn.nic.in</u>

E-mail: niepmd@gmail.com

	Recent Passport size Photograph		
	Post Applied For:		(5 cm X 4.5 cm) to be affixed
1.	Advertisement No/Date:		size Photograph (5 cm X 4.5 cm) to be affixed &attested
2.	Name in Applicant: (in full Block Letters):		
-	Date of Birth: (encloseCopy 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	e man 🗌
(	Are you Persons with Disabili If yes, mention the category of Disability with relevant Certifica	ty: Yes No OH VI HI o	

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):

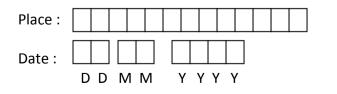
17.Reference of three persons with whom you have interaction during your work or study period)

S.No	Names, Designation and Address with Phone No & Mail ID
1	
2	
3.	
5.	
l	

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 beliefand I fully understand that if it is found at a later date that any information given in the applicationis incorrect / false or if I do not satisfy the eligibility criteria, my candidature / appointment is liableto be cancelled / terminated.



S	ignature of the Applicant	