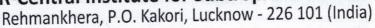


भा.कृ.अनु.प.-केन्द्रीय उपोष्ण बागवानी संस्थान

रहमानखेड़ा, डाकघर काकोरी, लखनऊ-226 101 (भारत)

ICAR-Central Institute for Subtropical Horticulture





F.No. 1-1(168)/Estt.

Date 26.11..2020

Online/Telephonic interview

A Online / Telephonic interview will be held on 07.12.2020 for selection of the Young Professional-I (One) post purely on contractual basis. The conditions, eligibility, criteria etc in brief are given as under:

S.No.	Project Name	Name of position & no.	Age	Emoluments	Essential Qualification
1.	"Promotion of organic farming practices for improving livelihood security of small and marginal farmers in Uttar Pradesh"	Young Professional-I (One post) Duration: March 2020 to March-2022	21 to 45 years	Rs. 15000/-per month	B Sc. (Ag)
	 Age: Minimum age 21 year and maximum age 45 years. Age will be calculated as on the date of interview. Relaxation of age admissible for SC/ST/OBC candidates as per Govt. of India/ICAR rules 1. The applicant must fill the details/biodata in the prescribed format (attached) only, available on Institute's website. 2. Applicant may send proforma latest by 03.12.2020 on E-mail: Ra.Ram@icar.gov.in and for any clarification may contact Dr. R.A. Ram, Pr. Scientist on his Mob. No. 9415459464 during office hour 09.30 to 04.30 p.m. 3. All the original certificates, supporting educational qualifications and experience. Photocopies of certificates, a latest passport size photograph will be required at the time of joining. 				

- The above mentioned position is purely on contract basis and co-terminus with the project.
- The Person recruited will not have any claims for absorption in any capacity in CISH/ICAR
- Canvassing in any form will disqualify the candidature.
- In any case, the decision of the Director will be final and binding in all respects.

Note: The advertisement is also available at the Institute Website: www.cish.res.in

Senior Administrative Officer

APPLICATION FORM

AFFEX RECENT PASSPORT SIZE SIGNED PHOTOGRAPH

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		Amountaine and a second						
1.	Name of the Candidates (Block l	etters):		·/•······				
2.	Father's/Husband Name:				***			
3.	Sex : Male/Female/ Transgender:							
4.	Date of Birth (Please attach documentary proof):							
5.	Age as on 01-07-2020:							
6.	Marital Status:							
7.	Permanent address:							
8.	Correspondence address.							
9.	E-mail Id: Mobile:							
	Whether SC/ST/OBC/GEN (Documentary evidence to be attached)							
10.	Whether SC/ST/OBC/GEN (Doc	cumentary evidence to be atta	ched)					
10.11.			Contract of the Contract of th	*******************				
11. 12.	Nationality: Educational Qualification/Techn from Matriculation/10 th & onward	ical Qualification:- (Please at	tach photocopy of rela					
11.	Nationality: Educational Qualification/Techn	ical Qualification:- (Please at	tach photocopy of rela	ted certificates Year of) starting % of Marks			
11. 12.	Nationality: Educational Qualification/Techn from Matriculation/10 th & onward	ical Qualification:- (Please at	tach photocopy of rela	ited certificates) starting			
11. 12. S. No.	Nationality: Educational Qualification/Techn from Matriculation/10 th & onward Name of the Examination Passed	ical Qualification:- (Please at	tach photocopy of rela	ted certificates Year of) starting % of Marks			
11. 12. S. No. 1. 2.	Nationality: Educational Qualification/Techn from Matriculation/10 th & onward Name of the Examination Passed High School Intermediate (10+2) Graduation	ical Qualification:- (Please at	tach photocopy of rela	ted certificates Year of) starting % of Marks			
11. 12. S. No. 1.	Nationality: Educational Qualification/Techn from Matriculation/10 th & onward Name of the Examination Passed High School Intermediate (10+2)	ical Qualification:- (Please at	tach photocopy of rela	ted certificates Year of) starting % of Marks			
11. 12. S. No. 1. 2. 3. 4.	Nationality: Educational Qualification/Techn from Matriculation/10 th & onward Name of the Examination Passed High School Intermediate (10+2) Graduation	ical Qualification:- (Please at ds: Subject/Stream	Name of Board / University	Year of Passing	% of Marks GP/ Division			
11. 12. S. No. 1. 2. 3. 4. 3. Ex	Nationality: Educational Qualification/Techn from Matriculation/10 th & onward Name of the Examination Passed High School Intermediate (10+2) Graduation Post-Graduation	ical Qualification:- (Please at ds: Subject/Stream	Name of Board / University	Year of Passing	% of Marks GP/ Division			
11. 12. S. No. 1. 2. 3. 4.	Nationality: Educational Qualification/Techn from Matriculation/10th onward of the Examination Passed High School Intermediate (10+2) Graduation Post-Graduation Apperience (particulars of all previous	ical Qualification:- (Please at ds: Subject/Stream s and present employment) if	Name of Board / University	Year of Passing	% of Marks GP/ Division			
11. 12. S. No. 1. 2. 3. 4. 3. Ex	Nationality: Educational Qualification/Techn from Matriculation/10th onward of the Examination Passed High School Intermediate (10+2) Graduation Post-Graduation Apperience (particulars of all previous	ical Qualification:- (Please at ds: Subject/Stream s and present employment) if	Name of Board / University	Year of Passing	% of Marks GP/ Division			
11. 12. S. No. 1. 2. 3. 4. 3. Ex	Nationality: Educational Qualification/Techn from Matriculation/10th onward of the Examination Passed High School Intermediate (10+2) Graduation Post-Graduation Apperience (particulars of all previous	ical Qualification:- (Please at ds: Subject/Stream s and present employment) if	Name of Board / University	Year of Passing	% of Marks GP/ Division			

DECLARATION:

I hereby declare that all the statements made above are true, completer and correct to the best of my knowledge and belief. I also declare that (i) I have never been punished or debarred from government (Central/State) autonomous Organizations and ICAR service; (ii) I have not been convicted by a court of law for any offence. In the event of any information being found false/ incorrect/ ineligibility being detected at any time before or after selection, action may be taken against me and I shall be bound by the decision of the employer. I further declare that I have read the Advt. carefully and I declare that I fulfill all the conditions of eligibility regarding age limit, educational qualifications etc., prescribed for the contractual engagement.

Date:

Place:

Signature of the applicant:

Name: