

## Division of Plant Pathology ICAR-Indian Agricultural Research Institute, New Delhi – 110012



A position of semi-skilled labor is available under Revolving Fund Scheme (19-12) at the Division of Plant Pathology, ICAR-IARI, New Delhi-12. Applications are invited to attend Walk-in-Interview on 27.03.2023 at 10:00 AM at the Division of Plant Pathology, ICAR-IARI, New Delhi-12, as mentioned below. The post is purely on a contractual basis initially upto 1 year and extendable upto 5 years. Eligible candidates should apply as per the format attached giving full details of academic records and experience along with a self-signed photocopy of the supporting documents.

| Name of<br>Project                     | Position                   | No | Fellowship             | Eligibility<br>Criteria   | Age Limit (maximum)   |
|--|----------------------------|----|------------------------|---|---|
| Revolving<br>Fund<br>Scheme<br>(19-12) | Semi-<br>Skilled<br>Labour | 1  | Rs. 18000/-<br>(Fixed) | 10 <sup>th</sup> pass with  Desirable experience 5 years of experience in | The upper age limit is 45 years (Age relaxation of 3 years for OBC and 5 years relaxation for SC/ST and woman candidates as per Government/ |
|  |                            |    |                        | Mycology<br>laboratory work   | guidelines)   |

## Terms and Conditions:

1. Age Limit for the position is 45 years. Age relaxation of 3 years for OBC and 5 years relaxation for SC/ST and woman candidates as per Government guidelines will be given. The minimum age should be of 18 years as of the date of the interview.

2. Application received in the prescribed format "Annexure-I" alone shall be accepted for the Walk-in-Interview registration. Only the candidates meeting the minimum essential qualification shall appear in

the Walk-in-Interview.

3. Candidates must bring and present the self-attested photocopies of X mark sheets, proof of Date of Birth, and experience certificate along with original documents for verification at the time of registration during the Walk-in-Interview on 27.03.2023.

4. Canvassing in any form would lead to the disqualification of the candidate.

5. The finally selected candidates shall not claim for any regular appointments at this institute as the above position is purely contractual, non-regular, time-bound, and co-terminus with the project.

(Administrative Officer)

सहायक पर्ता स्थान स्थान १

नई दिल्ली-110012

## APPLICATION FORM FOR UNSKILLED WORKER

1. Full Name (In Block letters):

Paste your

passport size

| 2. Father's Name/Husband's Name:                    |                   |                      |                        |      |            | photo               |  |  |
|---|-------------------|----------------------|------------------------|------|------------|---------------------|--|--|
| 3. Date of Birth (DD/MM/YY):                        |                   |                      |                        |      |            |                     |  |  |
| 4. Age as on dat                                    | te of interview:  |                      |                        |      |            |                     |  |  |
| 5. Address with                                     | pin code:         |                      |                        |      |            |                     |  |  |
| a. Permanent address:                               |                   |                      |                        |      |            |                     |  |  |
| b. Correspondence address:                          |                   |                      |                        |      |            |                     |  |  |
| 6. Telephone/ M                                     |                   |                      |                        |      |            |                     |  |  |
| 7. E-mail Addre                                     | ess:              |                      |                        |      |            |                     |  |  |
| 8. Gender:  |                   |                      |                        |      |            |                     |  |  |
| 9. Marital status                                   | S:                |                      |                        |      |            |                     |  |  |
| 10. Whether belongs to SC/ST/OBC/UR:                |                   |                      |                        |      |            |                     |  |  |
| 11. Details of Educational Qualification:           |                   |                      |                        |      |            |                     |  |  |
| Exam/Class  | Subject           | Board/<br>University |                        | Year | Percentage | e of Marks          |  |  |
|   |                   |                      |                        |      |            |                     |  |  |
| 12. Details of work Experience (if any):            |                   |                      |                        |      |            |                     |  |  |
| S.N Position  | S.N Position Held |                      | Duration               |      | Total Expe | erience (in months) |  |  |
|   |                   |                      |                        |      |            |                     |  |  |
|   |                   |                      |                        |      |            |                     |  |  |
| 13. No objection certificate from present employer: |                   |                      |                        |      |            |                     |  |  |
| 14. Additional information:                         |                   |                      |                        |      |            |                     |  |  |
| 15. Self-declaration (Attached)                     |                   |                      |                        |      |            |                     |  |  |
|   |                   |                      |                        |      |            |                     |  |  |
| Place:  |                   |                      |                        |      |            |                     |  |  |
| Date:   |                   |                      | Signature of Candidate |      |            |                     |  |  |
|   |                   |                      |                        |      |            |                     |  |  |

## **DECLARATION FORM**

| Full Name of the Candidate/   |   |
|---|---|
| Date and Place  | Signature                                 |
| In the event of the above-cited information is found to be it candidature to the interview/ selection to the post is liable to be |   |
| Nature of duties:   |   |
| Institute/Organization:   |   |
| Designation:  |   |
| Name:   |   |
| with me is furnished below.   |   |
| employed in ICAR/IARI, New Delhi, whose name(s), designate  | tion, nature of duties and relationship   |
| I declare that I am   | related to the following individual(s)    |
| Or  |   |
| Institute (IARI), New Delhi, India.   |   |
| employee of the Indian Council of Agricultural research (ICAI   | R)/ ICARIndian Agricultural Research      |
| I, declare that none  | e of my near or distant relative(s) is an |
| (To be submitted in advance by candidates whose relative(s) is other candidates will furnish it at the time of interview)         | an employee of ICAR/ICAR-IARI;            |