# Interview for the selection of Young Professional II

Name of the Project : National Surveillance Programme for Aquatic

Animal Diseases, Phase II.

Name of the Post : Young Professional II

Date & Time of interview : 18<sup>th</sup> December, 2023 at 10.00 A M.

Venue : CMFRI, Kochi

Number of Vacancies : One (at Kochi)

Nature and Duration of the post : The position is purely temporary. The appointment

will be for a period of one year initially, and may be extended later till 31st March, 2025 or termination of

the project, whichever is earlier.

The work involves extensive travel throughout the

east and west coasts of India for collecting biological

samples.

Age limit : The minimum age limit will be 21 years and

maximum 45 years with relaxation as per rules.

Emoluments : Rs. 35,000/- p.m. (consolidated).

Educational qualifications : Essential: Post-graduation in Fisheries Science/

Marine Science/ Zoology/ Microbiology with a

minimum of 60 % marks.

Desirable: Research/field experience in sample/data

collection and/or analysis. Experience in the

diagnosis of finfish/shellfish diseases.

**Note:** email your resume to <a href="mailto:com">cmfrinspaad@gmail.com</a> on or before 7<sup>th</sup> December, 2023 for screening. Shortlisted candidates will be informed by 12<sup>th</sup> December, 2023. Only those candidates who are called for the interview need to attend.

#### General instructions

No TA/DA will be paid for attending the interview. The candidates should report at 10.00 A M at the venue of interview. The candidates are requested to bring with them all certificates in original along with a set of attested copies.

(Dr. N.K Sanil)

Principal Investigator, NSPAAD - Phase II

### Bio data for the post of Young -Professional II (Contractual basis)

| <ul><li>1. Name of the Applicant : (In Block Letters)</li><li>2. Father/Mother Name :</li></ul> |                               |                  |                                   |                    |            | Paste a passport size photograph |  |
|---|-------------------------------|------------------|-----------------------------------|--------------------|------------|----------------------------------|--|
| 3. Whether belongs to SC/ST/: OBC/General   |                               |                  |                                   |                    |            |                                  |  |
| 4. Date   | of Birth                      | (DD/MM/YYY       | Y):                               |                    |            |                                  |  |
| 5. Age  | as on 1s                      | t September 20   | 21 :                              |                    |            |                                  |  |
| 6. Sex (  | [Male / I                     | Female/Others)   | :                                 |                    |            |                                  |  |
| 7. Pres   | ent Add                       | ress (with PIN c | ode) :                            |                    |            |                                  |  |
| a. for Correspondence:  |                               |                  |                                   |                    |            |                                  |  |
| b. Permanent address :  |                               |                  |                                   |                    |            |                                  |  |
| 8. E-m  | nail ID ai                    | nd Mobile Numl   | oer :                             |                    |            |                                  |  |
| 9. Deta   | ils of Ed                     | ucational Quali  | fications :                       |                    |            |                                  |  |
| Sl.<br>No.  | Exam/Class/<br>Degree/Diploma |                  | Board/Institution<br>/ University | Year of<br>Passing | %<br>Marks | Grade                            |  |
|   |                               |                  |                                   |                    |            |                                  |  |
| 10. Det   | ails of W                     | orking/ Profes   | sional Experience (               | if any):           |            |                                  |  |
|   | Sl.                           | Position Held    | -                                 | Period             |            |                                  |  |
|   | No.                           | Position field   | Employer                          | From               | То         |                                  |  |
|   |                               |                  |                                   | -                  |            |                                  |  |
|   |                               |                  |                                   |                    |            |                                  |  |
|   |                               |                  |                                   |                    |            |                                  |  |

## 11. Any other information:

### **DECLARATION**

I do hereby declare that all the statements made in this application are true, complete and correct to the best of my knowledge and belief. I understand and agree that in the event of any information being found false/ incorrect/ incomplete or ineligibility being detected at any time before or after interview/ selection, my candidature/ appointment may be cancelled or is liable to be rejected without any notice.

| Date   | Signature |
|--------|-----------|
| Place: | Name      |