**CENTRAL PLANTATION CROPS RESEARCH INSTITUTE**
***(Indian Council of Agricultural Research)***
**Research Centre, Kahikuchi, Guwahati-781 017, Assam.**

E-Mail:
sickahikuchi@yahoo.com

F.No.1 (89)/2022- yp-I & II-Estt. Date: 12.01.2026

## WALK -IN- INTER VIEW

A walk in –interview (written and interview) for selection of one (1 No.) of Young Professional –I, will be conducted **on 02.02.2026.** The works is purely on contractual basis and will be held **at ICAR –CPCRI, Research Centre, Kahikuchi**, Azara, Guwahati-781017, Assam State.

| | | |
|---|---|---|
| 1 | Name of the contractual assignment | **Young Professional –I (YP-1)** |
| 2 | Number of contractual manpower required | One 01 |
| | Nature of work | It is mostly laboratory –oriented work at ICAR-CPCRI,RC,Kahikuchi. |
| 4 | Location | ICAR-Central Plantation Crops Research Institute<br>Kahikuchi,Azara,Guwahati-781017,<br>E mail: sickahikuchi@yahoo.com, |
| 5 | Essential Qualification(S) | B.Sc Graduate(Agriculture/ Horticulture/Life Science )from recognized University |
| 6 | Desirable Qualification(S) | YP-1 (1No) Soil Science / Biochemistry.<br>M.Sc in Soil Science / Bio chemistry / Environmental Science with hands on experience in handling of soil nutrients analysis equipment. |
| 7 | Date of Interview | **On 02.02.2026 at 9.30AM** |
| **8. General Condition :** | | |
| 1 | Age | 21- 45 years (Relaxable in upper age limit is admissible to SC/ST/OBC candidates, as per the rules) |
| 2 | Remuneration | **Rs.30, 000/- per month (Consolidated).** |
| 3 | Duration | For a period of 12 months from February ,2026 and extendable for two more year (one year at a time) |

The candidates fulfilling the above eligibility criteria shall attend the **Walk-in-interview** at ICAR-CPCRI, Research Centre, Kahikuchi, Guwahati on the date mentioned above. They shall bring with them their bio-data and original certificate in proof of age, educational qualifications, experience, ID proof viz., Aadhaar card etc. Candidates should be present at the center by 10.00AM. Those who qualify in written test will only be permitted to attend the interview. **No TA/DA will be paid for the journey for attending interview.**

Sd/-

**Scientist-in-charge.**

(N.B: ICAR-CPCRI, RC, Kahikuchi is in the Guwahati- International Airport Road, which is 20 Km away from the Guwahati City & 3Km from the Airport.

# APPLICATION

PHOTO

**Application for Young Professional___for_____discipline_____**

(Please mention above YP-I for Biotech/Soil science/Plant protection discipline)

**Under NEH fund**

| | | | | | | |
|---|---|---|---|---|---|---|
| 1 | Name in block letters | | | | | |
| 2 | Father's/Husband's Name | | | | | |
| 3 | Permanent Address | | | | | |
| 4 | Correspondence Address with Telephone No/Mobile No/e-mail address | | Mob.No.<br><br>e-mail ID: | | | |
| 5 | Date of Birth & Age (as on date of application) (DD/MM/YYYY) | | DOB: | | Age: | |
| 6 | Nationality | | | | | |
| 7 | Whether belongs to SC/ST/OBC | | | | | |
| 8 | Marital status | | | | | |
| 9 | Details of Educational/Professional/Technical Qualification including Degree obtained, Percentage of marks secured, Subjects Studied, Place and Year of Passing (Starting from 10th onwards). Including title of dissertation work done if any. | | | | | |
| | Qualification | Subject | Board/University | Year of passing | Marks obtained | Percentage |
| A | 10th | | | | | |
| B | 12th | | | | | |
| C | Graduation | | | | | |
| D | Post-graduation | | | | | |
| 10 | Details of experience, if any. | | | | | |
| 11 | Details of present employment if any. | | | | | |
| 12 | Any other information. | | | | | |

Declaration: I hereby declare that all the information furnished above is true, correct & complete to the best of my knowledge& belief.

**Signature of Candidate**

## List of Enclosures

**(Please answer yes if document is enclosed)**

| Sl.No. | Name of the Document | Enclosed (Yes/No) |
|---|---|---|
| 1 | Mark sheet/Certificate – 10th | |
| 2 | Mark sheet/Certificate – 12th | |
| 3 | Final year Mark sheet – Graduation | |
| 4 | Provisional/Original Degree Certificate - Graduation | |
| 5 | Final year Mark sheet – Post-Graduation | |
| 6 | Provisional/Original Degree Certificate – Post-Graduation | |
| 7 | Experience Certificate | |
| 8 | Any other | |

The candidature of the candidate will not be considered in case of failure to submit or produce anyof the documents **including the provisional/Original degree certificate.**

**Signature of the Candidate**

Dated:

Place:

## HEALTH CERTIFICATE

Signature of the Candidate: .....

I hereby certify that I have examined Sri/Smt./Kum. .....whose signature is given above, a candidate for appointment as ..... in the ICAR-Central Plantation Crops Research Institute and cannot discover that Sri./Smt./Kum. .....has any disease (communicable or otherwise) constitutional weakness or bodily infirmity except.....

I do not consider this a disqualification for employment in the cadre for which he/he is selected in the ICAR-CPCRI Department.

Sri/Smt./Kum ..... .... . ..... has a good constitution and active habits and is capable of discharging his/his duties efficiently in any part of India at all seasons of the year. He/He is capable of distinguishing principal colours and is not one eyed.

His/Her visual acuity is as follows:

| **Distant Vision** | **Better eye** | **Worse eye** |
|---|---|---|
| Without glass | 6/6 | 6/60 |
| Corrected with glass | 6/6 | 6/12 |
| Near Vision | 0.8 | 1 |

Height of the candidate: .....Cm.

Weight of the Candidate: .....Kg.

Chest Measurement : Normal: .....Cm.

Expanded: .....Cm.

Marks of Identification:

01 .....

02 .....

The age, according to the statement of the candidate is .....years and by appearance .....years.

Signature and Designation of the Medical Officer

Place :

Date:

## DECLARATION AND CERTIFICATE OF NATIONALITY

I, ..... Hereby certify that I am an India by birth and domicile. I also declare that I have never been pronounced unfit for Government employment by a Medical Board or any other duly constituted Medical Authority.

Name & Signature of the Candidate

Attested:

Signature and Designation of the Attesting Officer

The candidate must make the statement required below prior to his/his Medical Examination and must sign the declaration appended thereto. His/her attention is specially directed to the 'warning' contained in the note below:

01 state your name in full (in Block letters) :

02 State your age and place of Birth :

03 a) Have you ever had small pox, Intermittent of any other fever enlargement or suppuration of glands, spitting of blood, asthma, heart disease, lung disease fainting attacks, rheumatism appendicitis?

Or

b) Any other disease or accident requiring Confinement to bed and medical or Surgical treatment?

04 When you were last vaccinated? :

05 Have you or any near relations been afflicted With consumption, scrofula gout, asthma, Fits, epilepsy or insanity? :

06 Have you suffered from any form or nervousness Due to over work to any other cause? :

07 Have you been examined and declared unfit for Govt. service by a Medical Officer/ Medical Board with in the last three years

08 Furnish the following particulars concerning your Family: :

| Father's age & state of health | Father's age at death and cause of death | No. of brothers living, their age and state of health | No. of brothers dead and their age at death and cause of death |
|---|---|---|---|
| | | | |

| Mother's age if living and state of health | Mother's age at death and cause of death | No. of Sisters living, their age and state of health | No. of Sisters dead and their age at death and cause of death |
|---|---|---|---|
| | | | |

I declare all the above answers to be, the best of my belief, true and correct.

I also solemnly affirm that I have not received a disability certificate /pension on account of my disease or other condition.

Signature of
Candidate ----------

Signed in my presence
Signature of Medical Officer----------

NOTE

Candidate will be held responsible for the accuracy of the above, statement. By willfully suppressing any information, he/she will incur the risk of losing the appointment and, if appointed, or forfeiting all claims to superannuation allowance or gratuity. The candidate should sign only in the presence of the Medical Officer to whom he has been directed for Medical Examination.