



भाकृअनुप-केंद्रीय रोपण फसल अनुसंधान संस्थान

काहिकुची, गुवाहाटी-781017, असम, भारत

ICAR-Central Plantation Crops Research Institute

(An ISO 9001:2015 Certified Institution)

Kahikuchi, Guwahati-781017, Assam, India

E-mail: sickahikuchi@yahoo.com/ Website: <https://cpcri.icar.gov.in>

F.No.1 (89)/2022-YP-I & YP –II –Estt.

Date: 07.04.2026

WALK -IN- INTER VIEW

A walk-in-interview (written & interview) for selection of one (1 No.) of Young Professional –I will be conducted on **22.04.2026**. 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 (Fin & Accts.)
2	Number of contractual manpower required	One (01)
3	Nature of work	Administrative Duties (Fin & Accts.)
4	Location	ICAR-Central Plantation Crops Research Institute(CPCRI), Research Centre,Kahikuchi,Azara,Guwahati-781017, E mail: sickahikuchi@yahoo.com .
5	Education Qualification (s)	B.Com/BBA/BBS (With minimum 60 % marks) from a recognized University college. (With minimum I year of experience in relevant field) Knowledge of IT applications, virtual meeting platforms and computer skills (MS Word, Excel Power Point, Tally etc.) Will be added advantage.
6	Desirable Qualification (s)	Degree/ Diploma in computer with experience in e-office, PFMS , Income Tax calculation, EHRMS etc.
7	Date of Interview	22.04.2026
General Condition :		
1	Age	21-45 years (relaxable) in upper age lime is admissible to SC/ST/OBC candidates (as per the rules)
2	Remuneration	Rs.30, 000 per month (Consolidated).
3	Duration	Initial engagement of YP-I will be for one year which is extendable for two more years (01 year at a time) subject to requirement of the services of the YP in the organization and satisfactory performance of the candidate after evaluation by an officer of the level of SIC/Director. Thus maximum duration of engagement of YP in the ICAR is three years (1+1+1).

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 9.30AM. 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 are 20 Km away from the Guwahati City & 3Km from the Airport.

APPLICATION

Application for Young Professional _____ for _____ discipline _____

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

PHOTO

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. 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 10 th onwards). Including title of dissertation work done if any.					
	Qualification	Subject	Board/University	Year of passing	Marks obtained	Percentage
A	10 th					
B	12 th					
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 – 10 th	
2	Mark sheet/Certificate – 12 th	
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 any of 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 isyears and by appearanceyears.

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 enlarge-
ment 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.