



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: 16.07.2025

WALK -IN- INTERVIEW

A walk in interview (written and interview) for selection of three (3 Nos.) of Young Professional –I will be conducted on 28.07.2025. The work is purely on contractual basis and will be held at **ICAR –CPCRI, Research Centre, Kahikuchi, Azara, Guwahati-781017, Assam.**

1	Name of the contractual assignment	Young Professional –I (YP-1)
2	Number of contractual manpower required	Three (03)
3	Nature of Work	It is mostly laboratory-oriented work
4	Location	ICAR-Central Plantation Crops Research Institute Kahikuchi, Azara, Guwahati-781017, E mail: sickahikuchi@yahoo.com , Googlemap: 4J36+GJH, Kahikuchi Rd, Ganakpara, Guwahati, Assam 781017
5	Essential Qualification(S)	B.Sc Graduate (Agriculture/Horticulture/Life Science) from recognized University
6	Desirable Qualification(S)	YP-I (2 Nos.) Plant Pathology/Bio Technology. M.Sc in Plant Pathology/Microbiology/Biotechnology with hands on work experience in Microbial culture maintenance and basic Molecular work. YP-I (1 No) Soil Science/ Biochemistry. M.Sc in Soil Science/Bio chemistry/Environmental Science with hands on experience in handling of soil nutrients analysis equipments.
7	Date of Interview	28.07.2025 at 9.30AM
7. 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 Aug,2025 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 centre by 9.00 AM. 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

APPLICATION

PHOTO

Application for Young Professional ___ for _____ discipline _____

(Please mention above YP-I for Administration (F&A) or YP-II for Laboratory with 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. 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

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.

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: