

ICAR -CENTRAL INSTITUTE FOR RESEARCH ON BUFFALOES, HISAR
Phone No.01662-281611

WALK-IN-INTERVIEW

Walk-in-Interview for Young Professional –I purely on temporary and bilateral contract basis for a period of Six months will be held on 23.09.2016 at 11.00 AM at CIRB, Hisar. For qualification, Remuneration, Application Format and other details please visit our **website www.cirb.res.in**.

Head of Office

ICAR -CENTRAL INSTITUTE FOR RESEARCH ON BUFFALOES
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WALK-IN INTERVIEW FOR YOUNG PROFESSIONAL-I ON BILATERAL CONTRACT

1. YOUNG PROFESSIONAL-I: 01 No.

2.

Post/Man Powers	No.	Qualification	Work and duration
Young Professional-I	One	Diploma holders in Computer Engineering/Computer Sciences (CS)/ Technology	Computer data entry of records on daily milk yield (morning and evening) from registers available at CIRB Main Campus at Hisar and Sub Campus at Nabha (Pb.) Work Duration: Six Months

- Work will be target oriented for both campuses
- The duration will be extendable based on satisfactory work.

Age on 31.08.2016: Not under 21 years and not over 45 years (upper age relaxable by 5 years in case of SC/ST candidate)

Fixed Monthly consolidated Package : Rs. 15000/- per month.

Period of contracts: Six months or as required by the Institute and performance of candidate. However, contract can be terminated premature by either side without assigning any reason with a notice of 30 days.

Date of Walk in Interview : 23.09.2016 at 11.00 AM at Central Institute for Research on Buffaloes, Sirsa Road, Hisar (Haryana) 125001

Head of Office

ICAR - Central Institute for Research on Buffaloes, Sirsa Road, Hisar
Application for **Young Professional- I** at CIRB, Sirsa Road, Hisar & Sub Campus, Nabha
(Punjab) on Bilateral Contract basis.



1.	Name of Candidate (in block letters)					
2.	Father's Name					
3.	Date of Birth				Sex	M / F
4.	Age as on 31/08/2016					
5.	Address for Correspondence					
6.	Mobile No. email (if any)					
7.	Nationality					
8.	Educational qualification & Training course (attach photocopies of certificates)					
	Name of exam	Year of passing	University/ Board	Subjects	% age of Marks	Division/ Grade
	Name of the training course	Duration		Institution		
9.	Experience (attach photocopies of certificate in support of experience)					
	Name of Organization	Period		Designation/ Position	Emoluments	Nature of Duties
		From	To			Reason for Leaving

I solemnly declare that the statements made by me in this form are correct to the best of my knowledge and belief.

Date:
Place:

Signature of candidate