

ICAR-CENTRAL INSTITUTE FOR RESEARCH ON BUFFALOES
SIRSA ROAD, HISAR-125 001 (HARYANA)
Phone No.01662-281611, 276631 Fax 01662-275004
www.cirb.res.in; E-mail : cirb@asia.com

Walk-In-Interview

Walk-in-Interview for **Young Professional-I (One)** purely on temporary and bilateral contract basis is scheduled to be held on 27.06.2016 at 10.30 AM at ICAR-CIRB, Hisar. The contract is for a period of six months. For qualifications and other details visit our website www.cirb.res.in.

ICAR-CENTRAL INSTITUTE FOR RESEARCH ON BUFFALOES
SIRSA ROAD, HISAR-125 001 (HARYANA)
Phone No.01662-281611, 276631 Fax 01162-275004
www.cirb.res.in; E-mail : cirb@asia.com

WALK-IN-INTERVIEW FOR YOUNG PROFESSIONAL–I ON BILATERAL CONTRACT

Name of the Project “Validation of ITK known herbs against gastro-intestinal parasites in buffalo calves”

Young Professional- I : One Position

(1)

Essential Qualification : B.Sc (Ag)
or
VLDA (Diploma in Vety. Livestock Assistance)

Desirable : M.Sc in parasitology/zoology/Microbiology

Age as on 31.05.2016

Not under 21 years and not over 45 years (upper age relaxable by 5 years in case of SC/ ST candidates).

Consolidated emoluments Payable to

Young Professional – I : Rs. 15,000 per month.

Period of Contract

6 months, extendable to maximum of another term based on needs of 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

27.06.2016 at 10:30 am at ICAR-Central Institute for Research on Buffaloes, Sirsa Road Hisar

Principal Investigator

ICAR-Central Institute for Research on Buffaloes, Sirsa Road, Hisar
 Application for the Position of Young Professional-I at CIRB, Hisar
 on Bilateral Contract

Affix Passport
Size Photo

1.	Name of Candidate (in block letters)						
2.	Father's Name						
3.	Date of Birth				Sex (√)	M	F
4.	Age as on 29.02.2016		Nationality				
5.	Address for Correspondence						
6.	Mobile No. email (if any)						
7.	Educational qualification starting with matriculation (attach photocopies of certificates)						
	Name of exam	Year of passing	University/ Board	Subject	% age of Marks	Division/ Grade	
8.	Name of the Training Course (attach photocopies of certificates)		Duration		Institution		
9.	Experience (attach photocopies of certificates in support of experience)						
	Name of Organization	Period		Designation/ Position	Emoluments	Nature of Duties	Reason for Leaving
		From	To				

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
Principal Investigator