## NATIONAL COIR RESEARCH AND MANAGEMENT INSTITUTE (NCRMI)

## **NOTIFICATION**

NCRMI/EST/002/15 8.5.2015

Applications are invited for the post of **Research Assistant** on contract basis for a research project in National Coir Research & Management Institute (NCRMI). The qualifications and number of post are given here under:

| Qualifications        | Age<br>Limit        | Remuneration | No. of post |
|-----------------------|---------------------|--------------|-------------|
| VHSC in Agriculture   | 35 years            | Rs. 8,000/-  | 1 No.       |
| and Graduation in any | (on closing date of |              |             |
| Science discipline    | application)        |              |             |

Candidates may forward their application in the prescribed format to be downloaded from <a href="https://www.ncrmi.org">www.ncrmi.org</a> and send to the Director, National Coir Research & Management Institute (NCRMI), Kudappanakunnu, Thiruvananthapuram – 695 043 (Ph.No. 0471 - 2730788) along with copies of certificates with respect to proof of age, qualifications, experience etc. latest by 25.5.2015.

DIRECTOR NCRMI

## NATIONAL COIR RESEARCH & MANAGEMENT INSTITUTE (NCRMI)

Kudappanakkunnu, Thiruvananthapuram - 695 043

Ph: 0471-2730788

| Ad | vt. No. & Date                                 |               |
|----|--|---------------|
| PC | OST APPLIED FOR:                               |               |
| 1. | Name in full (Block letters)                   |               |
| 2. | Father's Name                                  |               |
| 3. | Date of Birth/Age (as on 25.5.2015)            |               |
| 4. | Sex  | Male/Female   |
| 5. | Nationality                                    |               |
| 6. | Religion/Caste/Community                       |               |
|    | (In the case of reserved categories the        |               |
|    | attested copy of the certificate issued        |               |
|    | by the competent authority should be attached) |               |
| 7. | Whether SC/ST/OBC                              | SC / ST / OBC |
| 8. | Address for communication                      |               |
|    |  |               |
|    |  |               |
|    | District                                       |               |
|    | State  |               |
|    | Pin Code                                       |               |
|    | Phone No.                                      |               |
| 9. | Permanent Address                              |               |
|    |  |               |

| 10. Edu | cational Qualifications |                  |             |          |       |
|---------|-------------------------|------------------|-------------|----------|-------|
| SI.No.  | Qualification           | Board/University | Year of     | % of     | marks |
|         |                         |                  | passing     | obtai    | ned   |
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| 11. Exp | erience (Copy should    | be attached)     |             |          |       |
| SI.No.  | Name of Employe         | r                | Designation | Period w | orked |
|         |                         |                  |             | From     | То    |
|         |                         |                  |             |          |       |
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| 12. Deta | ails of Certificates/Documents enclosed           |                        |               |              |
|----------|---|------------------------|---------------|--------------|
|          |   |                        |               |              |
|          |   |                        |               |              |
|          |   |                        |               |              |
|          |   |                        |               |              |
|          | DECLARATI   | ON                     |               |              |
| 1        | hereby declare that the in                        | formation given above  | are true and  | d correct to |
| the bes  | t of my knowledge and belief. I understand tha    | at in the event of any | information b | eing found   |
| false/in | ncorrect, my candidature will be cancelled withou | t notice.              |               |              |
|          |   |                        |               |              |
| Place :  |   |                        |               |              |
| Date :   |   |                        |               |              |
| Date:    |   |                        |               |              |
|          |   |                        | Signature of  | Candidate    |