Interview for engagement of Young Professional-I- SCSP(Scheduled Caste Sub-Plan) Scheme

Applications are invited from **Schedule Caste candidates** for the engagement of Young Professional –I (2 Nos.) under the Schedule Caste Sub-plan Scheme of ICAR - Central Marine Fisheries Research Institute, Kochi. **The eligible candidates fulfilling all the requirements are advised to send their bio-data and scanned copies of the supporting documents to the email : scspcmfri@gmail.com on or before 16/07/2025.** The date, time and venue of the interview will be intimated to the candidates by e-mail and only those who receive communication may appear for the interview on the specified date and time. This recruitment is purely on temporary basis for a period of one year **based on performance**. The details of eligibility conditions are given below:-

Name and number of the Post	Young Professional –I (Two posts reserved for SC)
Essential Qualification:	B.F.Sc./ B.Sc./ B.Sc computer science/ Bachelor of Fine Arts/B. Des. from recognized University/College.
Desirable	Practical Knowledge of computer work in designing, Adob photoshop, coral draw, Illustrator, M S Word, Excel, Power Point, etc. and Skill in swimming. Experience in Mariculture/ Aquaculture. Working knowledge in field data collection and processing.
Nature and duration of the post	Purely on Temporary basis for a period of one year from the date of joining. **(Likely to be extended based on performance).**
Age limit	The minimum age is 21 years and maximum 45 years with relaxation as per rules.
Emoluments	Rs.30,000/- (Rupees Thirty Thousand only) (Consolidated Emoluments as per revised ICAR guidelines)
Place of work	Anywhere in India

Terms and conditions:

1. The application has to be in prescribed word format.
2. All the original certificates from 10th Standard onwards must be sent in scanned form to the email : scspcmfri@gmail.com
3. The applicants would not be allowed to appear for the interview without these certificates. Candidates should produce a valid ID proof (original) at the time of interview.
4. Concealing of facts or canvassing in any form shall lead to disqualification or termination.
5. The competent authority has the right to terminate the service without assigning any reason at any time.
6. No TA/DA will be paid for appearing for the interview.

7. If any of his/her near or distant relative is an employee of the ICAR-CMFRI, the candidate intending to attend the interview has to declare his/her name, designation, nature of duties, relationship in writing as detailed in ANNEXURE – II, and communicate to the undersigned by post or through e-mail **scspcmfri@gmail.com on or before 16/07/2025.**

8. All the candidates are compulsorily required to submit the duly signed declaration as detailed in ANNEXURE-I and ANNEXURE-II on or before **16/07/2025.**

9. Decision of Director, ICAR-CMFRI will be final and binding in all respects.

10. The selected candidates shall not claim for any regular appointments at this institute as the above positions are purely contractual, non-regular and time bound.

Assistant Administrative Officer

Application for the Post of Young Professional I- SCSP Scheme

			Paste your passport size photograph

1. Name of the Applicant
   (In Block Letters)

   :

2. Father/ Husband's Name&
   Mob.No.   :

3. Whether belongs to SC/
   ST/OBC/ General   :

4. Date of Birth (DD/MM/YYYY)   :

5. Age on 01 July 2025   :

6. Sex (Male / Female/Transgender)   :

7. Present Address (with pin code)   :

   a. for Correspondence   :

   b. Permanent address

   :

8. E-mail ID and Mobile Numbers of
   candidate   :

9. Details of Educational Qualification :
   (in chronological order, starting from 10th Class onwards including additional degree   /
   diploma

S.N.	Exam/Class/ Degree/Diploma	Board/Institution / University	Year of Passing	Subjects	% Marks/ OGPA	Division

10. Details of Working/ Professional Experience (if any):
    (particulars of all previous and present employment, list for which proof is available, enclose attested copies of experience)

S.N.	Position Held	Employer	Period		Total Experience (in months)
			From	To	

11. Are you an employee elsewhere? (If Yes, provide the details and NOC from employer):

13. List of Research Papers, Professional Achievements and Additional Information (if any):

14. Are you having Near/ Distant Relative(s) working at ICAR/ CMFRI? (If Yes, must declare it (Annexure-II) and communicate it before the interview date. If communicated or declared on the date of interview, candidate will not be interviewed. If candidates having No Near/ Distant Relative(s) working at ICAR/ CMFRI will also furnish a declaration in the format given in Annexure-II on the date of interview)

15. Self-declaration regarding truthfulness in application:

DECLARATION

I do hereby declare that all the statements made in this application are true, complete and correct to the best of my knowledge and belief. I understand and agree that in the event of any information being found false/ incorrect/ incomplete or ineligibility being detected at any time before or after interview/ selection, my candidature/ appointment may be cancelled or is liable to be rejected without any notice.

Date and Place: ....

Signature...

Full Name of the Candidate.............................

Annexure-II

DECLARATION

(To be submitted in advance by candidates whose relative(s) is an employeeof ICAR/CMFRI; other candidates will furnish it at the time of interview)

I ...., declare that none of my near or distant
relative(s) is an employee of the Indian Council of Agricultural research (ICAR)
/ Central Marine Fisheries Research Institute (CMFRI), Kochi, India.

OR

I ...., declare that I am related to the following individual(s) employed in ICAR/ CMFRI, Kochi, whose name(s), designation, nature of duties and relationship with me is furnished below:

Name:

Designation:

Institute/Organization:

Nature of duties:

In the event of the above-cited information is found to be incorrect or concealing any facts, my candidature to the interview/ selection to the post is liable to be cancelled.

Date and Place:........................

Signature..

Full Name of the Candidate…………………………