## **NOTICE**

A walk in interview is scheduled at 11 am on 23-6-2018 at AMPRS, Odakkali to select eligible candidates to work as Farm Officers on daily wage basis (@Rs. 750/- per day).

Essential qualification: Bsc. Agriculture

Proficiency in Malayalam is essential Working time in the Farm starts at 8.00 am

Application form is attached. Filled up application form to be sent by mail to amprs@kau.in. Hard copy of the application form complete in all respects with self attested copies of all relevant certificates should be submitted on the interview day.

## DOCUMENTS TO BE PRESENTED AT THE TIME OF INTERVIEW

- 1. Attached application form duly filled & photo affixed
- 2. Photo ID card of the candidate
- 3. Originals of all the relevant documents in the list below.
  - i. Certificate to prove date of birth
  - ii. B.Sc. degree certificate
  - iii. B.Sc. mark list
  - iv. Additional qualifications and experience, if any
  - v. Non-creamy layer certificate / caste certificate, if applicable

Odakkali Sd/7-6-2018 Professor& Head

Tel: Office: 0484-2658221, 9447 873 891 (Dr Gracy Mathew, Professor & Head)

## APPLICATION FOR ENGAGING CANDIDATES ON DAILY WAGE BASIS AS FARM OFFICER AT AMPRS, ODAKKALI

The candidate shall affix his/her passport size photograph here

|    |                                                   |                    |                 |               | photo     | ograph her | e |  |  |  |
|----|---------------------------------------------------|--------------------|-----------------|---------------|-----------|------------|---|--|--|--|
| 1  | Name of candidate:                                |                    |                 |               |           |            |   |  |  |  |
|    | (Name as in X <sup>th</sup> certificate)          |                    |                 |               |           |            |   |  |  |  |
| 2  | Nationality:                                      |                    |                 |               |           |            |   |  |  |  |
| 3  | Gender :                                          |                    |                 |               |           |            |   |  |  |  |
| 4  | Communication:                                    |                    |                 |               |           |            |   |  |  |  |
|    | Postal address with PIN                           |                    |                 |               |           |            |   |  |  |  |
|    |                                                   |                    |                 |               |           |            |   |  |  |  |
| 5  | Permanent:                                        |                    |                 |               |           |            |   |  |  |  |
|    | Postal address with PIN                           |                    |                 |               |           |            |   |  |  |  |
|    |                                                   |                    |                 |               |           |            |   |  |  |  |
|    |                                                   |                    |                 |               |           |            |   |  |  |  |
| 6  | Date of birth:                                    |                    |                 |               |           |            |   |  |  |  |
| 7  | Age as on 01-06-2018 : years months days          |                    |                 |               |           |            |   |  |  |  |
| 8  | Religion & Caste :                                |                    |                 |               |           |            |   |  |  |  |
| 9  | Whether belonging to SC/ST ? :                    |                    |                 |               |           |            |   |  |  |  |
| 10 | Whether belonging to Non-creamy layer of OBC? : : |                    |                 |               |           |            |   |  |  |  |
| 11 | Qualification (from SSLC to the highest degree)   |                    |                 |               |           |            |   |  |  |  |
|    | Qualifications                                    | Date of passing    | Institution/    | *Marks obt    | ained     | % of       |   |  |  |  |
|    |                                                   | examination        | University      | /Total ma     | ırks      | marks      |   |  |  |  |
|    | B.Sc Agriculture                                  |                    |                 |               |           |            |   |  |  |  |
|    | M Sc Agriculture                                  |                    |                 |               |           |            |   |  |  |  |
|    |                                                   |                    |                 |               |           |            |   |  |  |  |
|    | * marks /OGPA obto                                | ained and total ma | rks must be men | tioned eg. 77 | 70/1200 o | r 3.9/4.00 |   |  |  |  |

| 12                                                                                                            | Experience:                                                                               |                      |             |              |                      |                    |  |  |  |  |  |
|---------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|----------------------|-------------|--------------|----------------------|--------------------|--|--|--|--|--|
|                                                                                                               | Post                                                                                      | Institution worked   | *Govt/      | Scale of     | Period of work       | Experience         |  |  |  |  |  |
|                                                                                                               |                                                                                           |                      | Private     | pay          | From to              | (Completed         |  |  |  |  |  |
|                                                                                                               |                                                                                           |                      |             |              |                      | months)            |  |  |  |  |  |
|                                                                                                               |                                                                                           |                      |             |              |                      |                    |  |  |  |  |  |
|                                                                                                               |                                                                                           |                      |             |              |                      |                    |  |  |  |  |  |
|                                                                                                               |                                                                                           |                      |             |              |                      |                    |  |  |  |  |  |
|                                                                                                               |                                                                                           |                      |             |              |                      |                    |  |  |  |  |  |
|                                                                                                               | Mention gov                                                                               | <br>t/ private owned |             |              |                      |                    |  |  |  |  |  |
|                                                                                                               |                                                                                           |                      |             |              |                      |                    |  |  |  |  |  |
| 13                                                                                                            | Mobile Number:                                                                            |                      |             |              |                      |                    |  |  |  |  |  |
|                                                                                                               |                                                                                           |                      |             |              |                      |                    |  |  |  |  |  |
| 14                                                                                                            | E mail ID:                                                                                |                      |             |              |                      |                    |  |  |  |  |  |
| 1.5                                                                                                           | A                                                                                         | formetion and or mul | 1:+:        | .41          | /4                   |                    |  |  |  |  |  |
| 15                                                                                                            | 5 Any other relevant information such as publications, other courses/trainings undergone. |                      |             |              |                      |                    |  |  |  |  |  |
|                                                                                                               |                                                                                           |                      |             |              |                      |                    |  |  |  |  |  |
|                                                                                                               |                                                                                           |                      |             |              |                      |                    |  |  |  |  |  |
|                                                                                                               |                                                                                           |                      |             |              |                      |                    |  |  |  |  |  |
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|                                                                                                               |                                                                                           |                      |             |              |                      |                    |  |  |  |  |  |
|                                                                                                               |                                                                                           |                      |             |              |                      |                    |  |  |  |  |  |
| I,                                                                                                            |                                                                                           | do hereb             | y certify   | that all the | e information pro    | vided by me is     |  |  |  |  |  |
| true                                                                                                          | to the best of my kn                                                                      | owledge and belief.  | I will be p | ersonally re | esponsible for any d | iscrepancies there |  |  |  |  |  |
| true to the best of my knowledge and belief. I will be personally responsible for any discrepancies there in. |                                                                                           |                      |             |              |                      |                    |  |  |  |  |  |
|                                                                                                               |                                                                                           |                      |             |              |                      |                    |  |  |  |  |  |
|                                                                                                               |                                                                                           |                      |             |              |                      |                    |  |  |  |  |  |
| Plac                                                                                                          |                                                                                           |                      |             |              |                      |                    |  |  |  |  |  |
|                                                                                                               |                                                                                           |                      |             |              | 0. 61                |                    |  |  |  |  |  |
| Date                                                                                                          | ate Name & Signature of the cand                                                          |                      |             |              | t the candidate      |                    |  |  |  |  |  |