

REGIONAL AGRICULTURAL RESEARCH STATION

Kerala Agricultural University

Mele Pattambi (PO), Palakkad District, 679 306 (PIN), Keralam Phone: +91 466 2212228; Email: rarsptb@kau.in; URL: www.rarsptb.kau.in

No. A2-4860/2021

Date: 04.02.2022

NOTIFICATION

Applications are called for from eligible candidates for the temporary post of Project Fellow in the Supervised Field Trial entitled on 'Bio-efficacy Evaluation of RIL 281/CF3(1% GR)against Stem Borer and Leaf folder'. Details are given below:

Sl. No.	Post	No. of Vacancies	Qualification	Remuneration	Remarks	
1.	Project Fellow	1	Essential M.Sc Zoology Desirable Experience in relevant field	₹22000/- per month		

Terms and Conditions

- 1. Applications, prepared in the prescribed format enclosed as Annexure-I, should reach the undersigned by post on or before 16th February 2022.
- 2. Copies of certificates proving date of birth, religion, cast, educational qualifications and experience need not be enclosed with the application.
- 3. The candidates should have the prescribed qualification on the date of application. They should have attained the age of 18 years and should not cross 36 years as on 01.02.2022. Relaxation of upper age limit will be given to eligible candidates.
- 4. The appointment will be purely provisional for a period of one year or till the end of the project period whichever is earlier. The candidates will have no claim in the University other than to receive the monthly consolidated pay attached to the post.
- 5. All future communications in connection with this appointment will be by email. Hence, the candidates are advised to check their mails regularly.

K Karthikeyan

Associate Director of Research i/c

 $\hbox{To} \quad : \ \, \hbox{The Public Relations Officer, K.A.U/Notice Board - Office/Farm/University Website.}$

Cc to: Dr. K Karthikeyan, Professor

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(Please carefully read the notification before filling up the application)

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1.	Post applied for		:					
2.	Name		:					
3.	Sex							
4.	Date of Birth					•		
5.	Religion & Caste (S SC/ST/OBC)	pecify whether belongs to	:					
6.	Father/Guardian's Nam	ne .	:					
7.	Whether physically challenged							
8.	Permanent Address			Address for communication				
			:					
			:					
			:					
			:					
			:					
9.	Email ID		:					
10.	Mobile No.		:					
11.	Land Phone No. with STD code		:					
12.	Education Qualifica	tions						
Sl. No.	Exam Passed	University/Board	l		Marks Obtained	Total	Marks	Year of Completion
13.	Experience							
Sl.	Institution Post Held			Duration				
No.					From		То	
•								

UNDERTAKING

Certified that the information given above is true and correct to the best of my knowledge and belief. I will be personally liable for any discrepancy therein.

Place:
Date