NATIONAL COIR RESEARCH AND MANAGEMENT INSTITUTE (NCRMI)

NCRMI/R&D/Recruit/2016

28.07.2017

NOTIFICATION

Applications are invited for the following posts on contract basis for various projects undertaken by NCRMI. The period of appointment will be 1 year or till completion of the projects. Upper age limit for the post is 35 years. The qualifications and number of post are given here under

Sl.	Name of the Post	Qualification	Vacancy	Salary (Rs.)
No.				
1	Research Associate	B Tech (Civil)	2	20,000
2	Research Associate	B Tech (Agri.)	1	20,000
3	Research Assistant	B Sc Chemistry/Biochemistry	1	12,000
4	Field Assistant	B Sc Microbiology	1	15,000
5	Research Assistant	M Sc Botany with VHSE	2	18,000
		(Agri.)		
6	Research Assistant	Diploma in Civil Engg.	2	18,000
7	Research Associate	B Tech in Agri./B Tech in	2	20,000
		Civil Engg.		

Candidates may forward their applications in the prescribed format to be downloaded from www.ncrmi.org and send to the Director, National Coir Research & Management Institute (NCRMI), Kudappanakunnu, Thiruvananthapuram – 695 043 (Ph. No. 0471 - 2730788) along with self attested copies of certificates of qualifications including mark list, experience, age, community etc. latest by 14th August 2017.

DIRECTOR NCRMI

NATIONAL COIR RESEARCH & MANAGEMENT INSTITUTE (NCRMI) Kudappanakkunnu, Thiruvananthapuram – 695 043 Ph: 0471-2730788

Advt. N	No. & Date		· 	
POST	APPLIED FOR:			
	ne in full (Block letters)			
	ner's Name			
3. Dat	e of Birth/Age (as on the l	ast date of receipt of		
	olication)	-		
4. Sex			Male/Female	
	ionality			
6. Rel	igion/Caste/Community			
(In	the case of reserved categories	ories the		
	sted copy of the certificate			
by t	he competent authority shether SC/ST/OBC	ould be attached)	CC / CT / ODC	
	dress for communication		SC / ST / OBC	
o. Au	itess for communication			
		District		
		State		
		Pin Code		
		Phone No.		
9. Per	manent Address			
	icational Qualifications			T
Sl.No.	Qualification	Board/University	Year of	% of marks
			passing	obtained

	erience (Copy should be attached)			
Sl.No.	Name of Employer	Designation	Period worked	
			From	То
12. Deta	ails of Certificates/Documents enclosed		I I	
	DECLARA	TION		
true and	hereby declare that correct to the best of my knowledge and be information being found false/incorrect, notice.	elief. I understand tha	t in the event	
Place:				
Date :				
			Signature o Candidate	f