

ICAR - CENTRAL INSTITUTE FOR RESERCH ON GOATS,  
MAKHDOOM, P.O: FARAH-281 122, MATHURA U.P.  
Phone: 0565-2763327(Sr.Admn. Officer) Fax No: 0565-2763246

Dated: 17<sup>th</sup> November 2016

F. No. 1-6(65)/Estt.-2013

**WALK-IN-INTERVIEW FOR MEDICAL OFFICER**

Service of full time Medical Officer having qualification M.B.B.S. are required purely on contract basis initially for one year, extendable only once for one more year, from 30.12.2016 on consolidated emolument of Rs.34150/- per month plus House Rent Allowance at the ICAR - Central Institute for Research on Goats, Makhdoom, P.O. Farah, Distt. Mathura. Desirous candidates may appear for walk-in-interview on **21<sup>st</sup> December 2016** at 11.00 AM in the Committee Room, of the ICAR - CIRG, Makhdoom with complete bio-data and original certificates of qualification, Date of Birth, Experience, passport size photograph, registration certificate issued by competent Authority/Medical Council. Candidates may also bring photocopies of all certificates and testimonials.

No TA/DA will be paid for attending interview. For detailed advertisement, terms & conditions kindly visit on the Institute's website [www.cirg.res.in](http://www.cirg.res.in) .

  
Asst. Admn. Officer

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### General Terms & Conditions

- 1. Educational qualification/eligibility-** The candidate should be having minimum MBBS degree from an Institute as recognized by/registered with the Medical Council of India or with any other Competent Authority or in possession of valid registration certificate issued by any of the State Medical Council in India. No other certificate will be accepted.
- 2. Age:** In case of fresh MBBS degree holders, applicants up to **35 years** of age may apply. Age relaxation is admissible as per Govt. of India Rules. Retired doctors from State/Central Government, State Autonomous Bodies/PSU etc. up to **65 years** of age may also apply.
- 3. Remuneration:** Monthly fixed consolidated remuneration is at Rs. Rs.34150.00/- + HRA @ 10% p.m. or rate application as per rule of the Govt. of India/ICAR as per ICAR guidelines/instruction.
- 4.** The Institute is having its own Dispensary with some staff (Support and Technical personnel) personnel to assist the Medical Officer.
- 5.** The place of engagement is ICAR-CIRG, Makhdoom, P.O. Farah, Mathura, UP-281122.
- 6.** No other allowance except the consolidated monthly remuneration as at Para-3 above is admissible.
- 7.** In case the Medical Officer desires to quit/resign the job on any of the grounds during the contract period, he/she shall have to serve one month notice to the Competent Authority or deposit one month notice pay in lieu of. However, the Competent Authority, as desired may condemn/relax this condition.
- 8.** The Director reserves the right to reject/cancel of the services of the Doctor without assigning any reason thereof.
- 9.** Interested/eligible candidates shall bring their Bio-Data, two passport size photographs and one set of attested copies of the entire certificates/Marks Sheets/Experience certificate etc. for verification while coming to attend the Walk-in-Interview. The original certificates and proof of age and caste to be produced at the time of interview if demanded/required.
- 10.** No TA/DA will be paid for attending the interview.
- 11.** The candidates are requested to report on 21/12/2016 at 11.00 AM at ICAR-Central Institute for Research on Goats, Makhdoom, P.O. Farah, Mathura, UP-281122, for verification of original certificate in support of age, qualification & experience if any.



Asst. Admn. Officer

## APPLICATION FORM

Affix  
Self attested  
Photo

1. Advertisement No. \_\_\_\_\_
2. Post applied for \_\_\_\_\_
3. Name of applicant \_\_\_\_\_  
(In Block letter) \_\_\_\_\_
4. Father's name :- \_\_\_\_\_
5. Date of Birth :- \_\_\_\_\_
6. Gender: \_\_\_\_\_
7. Married/unmarried: \_\_\_\_\_
8. Postal Address :- \_\_\_\_\_  
\_\_\_\_\_
9. Permanent Address :- \_\_\_\_\_  
\_\_\_\_\_
10. Email id & contact number:.....
10. Nationality \_\_\_\_\_
11. Category-(SC/OBC/Ex-Service) :- \_\_\_\_\_

12. Qualifications (Starting from Secondary in chronological order )

Sr. No.	Name of Exam	Year of passing	University./ Board	Division./ Class Grade	SubjectS	% of Marks

13 Professional Technical Qualification - \_\_\_\_\_

14 Experience -

Sl No	Name of employer with phone No., email, if any.	Period From to	Designation	Pay Scale/ Pay	Nature of duties	NOC given by Employer (copy to be attached).

I solemnly declare that the statement made by me in this form is correct to the best of my knowledge and belief.

**Signature of Candidate**

Dated:

Place:

List of enclosures: