

भा0कृ0अनु0प0-केन्द्रीय भैंस अनुसंधान संस्थान, सिरसा रोड, हिसार ।

क्रमांक: 9-164 / सी0पी0एस0 / 2018-19 /

दिनांक: 21 / 08 / 2020

प्रवेश साक्षात्कार

इस संस्थान में डी0बी0टी0 प्रोजेक्ट के अंतर्गत द्विपक्षीय अनुबंध के आधार पर एक पद अटैंडन्ट का भरा जाना है । पद की शैक्षिक योग्यता 10वीं पास व वांछित योग्यता भैंस के रखरखाव का अनुभव । वेतन रूप्ये 12000/- मासिक । आयु व अन्य अनुबंध एवं शर्तों संबंधी जानकारी सी.आई.आर.बी. की वेबसाईट [www.cirb.res.in](http://www.cirb.res.in) पर उपलब्ध है । इच्छुक एवं योग्य उमीदवार अपने सभी मूल प्रमाण पत्रों सहित चल साक्षात्कार के लिए दिनांक 03 / 09 / 2020 को प्रातः 10.30 बजे उपस्थित हों ।

शिवेंद्र  
21/8/2020  
प्रशासनिक अधिकारी

ICAR-CENTRAL INSTITUTE FOR RESEARCH ON BUFFALOES  
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**WALK-IN-INTERVIEW FOR MANPOWER (ATTENDANT) ON BILATERAL CONTRACT**

- Under DBT Project** : **One Position**
- Essential Qualification** : 10<sup>th</sup> PASS
- Desirable** : Experience in animal handling.
- Age as on 31.07.2018** : Not under 21 years and not over 45 years  
(upper age relaxable by 5 years in case of SC/ ST candidates).
- Consolidated monthly package amount** : Rs. 12000/- (Consolidated)
- Period of Contract** : Up to 31.05.2021 which is extendable in view of satisfactory work or as per Project duration/funds availability
- Date of Walk in Interview** : **03.09.2020 at 10.30 AM at ICAR-CIRB, Hisar**

**Sd/-**  
Administrative Officer

**Application for the Position of Attendant at CIRB, Hisar  
on Bilateral Contract under DBT Project**

Affix  
Passport  
Size Photo

1.	Name of Candidate (in block letters)						
2.	Father's Name						
3.	Date of Birth		Sex (√)		M	F	
4.	Age as on <b>31.07.2020</b>		Nationality				
5.	Address for Correspondence						
6.	Mobile No. email (if any)						
7.	Educational qualification starting with matriculation (attach photocopies of certificates)						
	Name of exam	Year of passing	University/ Board	Subject	% age of Marks	Division/ Grade	
8.	Name of the Training Course (attach photocopies of certificates)		Duration		Institution		
9.	Experience (attach photocopies of certificates in support of experience)						
	Name of Organization	Period		Designation/ Position	Emoluments	Nature of Duties	Reason for Leaving
		From	To				

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

Date:

Place:

Signature of candidate