

भाकृअनुप – केन्द्रीय खारा जलजीव पालन अनुसंघान संस्थान ICAR - CENTRAL INSTITUTE OF BRACKISHWATER AQUACULTURE

ISO 9001:2015 CERTIFIED

https://ciba.icar.gov.in



Dated: 07.05.2025

(Indian Council of Agricultural Research, Govt. of India) 75, Santhome High Road, RA Puram, MRC Nagar, Chennai - 600028, Tamil Nadu, India

F.No.39(292)/2020-Admn.

NOTIFICATION

Applications are invited from eligible candidates for recruitment of **Young Professional-I** (one Post) under "Evaluation of Aquaculture Potential of Diversified Crustacean Species: *Penaeus japonicus*, *Scylla* spp, and Ornamental Crustaceans) on purely temporary basis of this institute.

| Posts | Young Professional - I (One Post) | | |
|---|--|--|--|
| Project Name | Evaluation of Aquaculture Potential of Diversified Crustacean Species: Penaeus japonicus, Scylla spp, and Ornamental Crustaceans | | |
| Duration | One year | | |
| Essential Qualification | B.F.Sc. or B.Sc. in Aquaculture/Industrial fisheries/Marine Biology, B.Sc Zoology with Fisheries/Aquaculture experience | | |
| Desirable | MFSC/MSc Marine biology or Zoology with specialization in aquaculture, Knowledge and experience in crustacean breeding and culture. | | |
| Emoluments | Pay@ Rs.30,000 /- (Consolidated) per month | | |
| Age Limit | Maximum 35 years for men and 40 years for women as on date of interview. Age limits are relaxable for SC / ST / OBC candidates as per rules. | | |
| Place of Post | ICAR-CIBA, Chennai. | | |
| Last Date for submission of biodata | 16.05.2025 | | |
| Date & Time of Interview | Will be intimated by mail | | |
| Mode of Interview | Physical mode/ Suitable online platform | | |

OTHER TERMS AND CONDITIONS:

The Candidates fulfilling the above criteria may send their application in the prescribed proforma only along with biodata through e-mail to raymondicar007@gmail.com on or before

16th May, 2025 Applications received after the above said prescribed last date will not be entertained under any circumstances. Communication will be sent to the short-listed candidates only by email to attend the interview. The candidates who have received mail should appear for the online or offline interview with the required documents. Director, ICAR-CIBA reserves right to accept or reject any applications. ICAR-CIBA does not enter into correspondence with the applicants for not calling them for interview.

Principal Investigator



Application for the post of Young Professional -I

| 1. | Name of the project | |
|-----|---------------------------------|--|
| 2. | Name of the Post applied | |
| 3. | Name (in Block Letters) | |
| 5. | Date of birth and age | |
| 6. | Sex: M/F | |
| 7. | Marital status | |
| 8. | Category: SC/ST/OBC | |
| | (Scan copy of certificate to | |
| | be attached) | |
| 9. | Father/Husband Name | |
| | | |
| 10. | Address for | |
| 10. | Address for Correspondence | |
| 10. | | |
| 10. | | |

13. Qualification: (Scan copies of certificates to be attached)

| Examination | Subject | Name of Institution | Year of Passing | % of marks/ GPA obtained |
|------------------------|---------|---------------------|--------------------|--------------------------|
| Doctorate | | | | |
| Post-Graduation | | | | |
| Graduation /Diploma | | | | |
| Higher Secondary | | | | |
| SSLC or Equivalent | | | | |
| Others if any | | | | |

| 14. | Whether NET / GATE qualified : If yes, date of passing (Scan copy of certificate to be attached) No. of research papers / | Yes / No |
|-----|--|----------|
| | conference papers / other papers published | |
| 16. | i) Working Experience(if any) ii) Whether currently employed If employed in State / Central Govt., Autonomous Body, PSU, NOC is required | |
| 17. | Name and address of two referees along with phone number and e.mail ID | |

18. Statement of Purpose in Maximum one page (About yourself, reason for opting this job and experience)

DECLARATION

I hereby declare that I have carefully read and understood the instructions and particulars on this application and that all entries in this form are true to the best of my knowledge and belief.

| Signature Date: | |
|-----------------|--|
| Place: | |