



ICAR-CENTRAL RICE RESEARCH INSTITUTE  
(Indian Council of Agricultural Research)  
**CUTTACK – 753 006 (ODISHA)**  
**Advertisement No.01/2015**



Applications are invited from the eligible candidates for recruitment of the following post at Central Rice Research Institute Cuttack (Odisha) under the administrative control of Indian Council of Agricultural Research, New Delhi

Sl. No	Name of the post	Pay Band, Pay Scale with Grade Pay	No. of post & Category	Age limit	Place of duty	Qualification
1	Technician (T-1) (Electrician)	PB-1 Rs.5200-20200/- + Grade Pay Rs.2000/-	<b>01 (One)</b> SC-01	18-30 years	CRRI, Cuttack (Odisha)	<b>Essential</b> : Matriculate with at least one year certificate from recognized Institution in the electrical trade.
2	Technician (T-1) (Mechanic)	PB-1 Rs.5200-20200/- + Grade Pay Rs.2000/-	<b>01 (One)</b> SC-01	18-30 years	CRRI, Cuttack (Odisha)	<b>Essential</b> : Matriculate with at least one year certificate from recognized Institution in Automobile trade
3	Technician (T-1) (Field)	PB-1 Rs.5200-20200/- + Grade Pay Rs.2000/-	<b>07 (Seven)</b> UR-02 OBC-02 ST-03	18-30 years	CRRI, Cuttack (Odisha)	<b>Essential</b> : Matriculate with at least one year certificate from recognized Institution in the relevant field (Crop Production/ Horticulture/ Live Stock/ Post Harvest/ Crop Protection/ Agronomy/Fitter trade or any other relevant field in agriculture)
4	Technician (T-1) (Field)	PB-1 Rs.5200-20200/- + Grade Pay Rs.2000/-	<b>04 (Four)</b> OBC-02 ST-02	18-30 years	CRURRS Hazaribagh (Jharkhand)	<b>Essential</b> : Matriculate with at least one year certificate from recognized Institution in the relevant field (Crop Production/ Horticulture/ Live Stock/ Post Harvest/ Crop Protection/ Agronomy/Fitter trade or any other relevant field in agriculture)
5	Technician (T-1) (Field)	PB-1 Rs.5200-20200/- + Grade Pay Rs.2000/-	<b>04 (Four)</b> OBC-01 ST-03	18-30 years	RRLRRS, Gerua, (Assam)	<b>Essential</b> : Matriculate with at least one year certificate from recognized Institution in the relevant field (Crop Production/ Horticulture/ Live Stock/ Post Harvest/ Crop Protection/ Agronomy/Fitter trade or any other relevant field in agriculture)
6	Technician (T-1) (Laboratory)	PB-1 Rs.5200-20200/- + Grade Pay Rs.2000/-	<b>02 (Two)</b> ST-01 PWD-01 (Hearing Handicapped)	18-30 years	CRRI, Cuttack (Odisha)	<b>Essential</b> : Matriculate with at least one year certificate from recognized Institution in the relevant field (Crop Production/ Horticulture/ Live Stock/ Post Harvest/ Crop Protection/ Agronomy/Fitter trade or any other relevant field in agriculture)
7	Technician (T-1) (Fitter)	PB-1 Rs.5200-20200/- + Grade Pay Rs.2000/-	<b>02 (Two)</b> UR-02	18-30 years	CRRI, Cuttack (Odisha)	<b>Essential</b> : Matriculate with at least one year certificate from recognized Institution in Fitter trade
8	Technician (T-1) (Draftsman/ Civil)	PB-1 Rs.5200-20200/- + Grade Pay Rs.2000/-	<b>01 (One)</b> UR-01	18-30 years	CRRI, Cuttack (Odisha)	<b>Essential</b> : Matriculate with at least one year certificate from recognized Institution in Draftsman/Civil trade

The Application completed in all respect should reach **The Senior Administrative Officer, Central Rice Research Institute, Cuttack-753 006 (Odisha)** within **45 (forty-five)** days from the date of publication of this advertisement in the Employment News (to be calculated from the first day of the week). Application received after due date for any reason including postal delay will be summarily rejected. **The application format for filling up application is available in our Institute website <http://www.crri.nic.in>**

Con...P/2

**General Instructions:**

- **The crucial date for determining the age limit of the candidates will be the closing date for receipt of applications**
- Relaxation in age in respect of SC/ST/OBC/PH/Ex-Servicemen is as per Govt. of India Rules. No age limit for employees of the ICAR
- Incomplete application shall be summarily rejected without assigning any prior notice and the applications received after due date as well as before publication of this advertisement will not be entertained.
- Candidate must submit along with each completed application a **Crossed Demand Draft drawn on any scheduled bank for Rs.100/- (Rupees one hundred only)** as application fee drawn in favour of "**ICAR Unit: CRRI**" payable at **Cuttack**. The name of the candidate, father's name and the post applied for should be mentioned on the backside of the Demand Draft. No fee for SC/ST/PH/Ex-Servicemen/Women candidates. The application fee is non-refundable.
- *Those who had applied in response to Advertisement No.16/2010 and had submitted application fee of Rs.50/- by Demand Draft/Indian Postal Order are required to mention the details of Bank, D.D.No., date, place/ Post Office, IPO No., dated, place, Sl.No. of the post and name of the post applied. Only such cases will be considered for exemption from payment of application fee of Rs.50/- and rest application fee of Rs.50/- must be submitted by Demand Draft in the above manner.*
- Application not accompanied by the prescribed fee as per requirement or incomplete or defective or unsigned declaration or without attested copies of their certificate i.e. without proof of qualification, age, caste certificate etc. shall be summarily rejected. No representation or correspondence or reference regarding such rejection shall be entertained under any circumstances.
- The post is Non-Government but covered under New Pension Scheme as introduced by Govt. of India w.e.f. 01.01.2004 as applicable to ICAR mutatis mutandis and as amended and modified from time to time.
- In case of employed person, the application should be routed through proper channel. A copy of "**No objection certificate**" from their present employer must be attached with the application.
- **The candidate invariably should submit a declaration stating whether he/she is related to any employee of CRRI/ICAR. If, yes, the name & designation with address of the employee and the nature of relationship against Sl.No.18 of the Application format must be mentioned.**
- Mere fulfillment of eligibility criteria does not entitle a candidate to be called for test/interview.
- **Separate application should be submitted for each post.**
- **The envelop should be super scribed in bold letters "Advertisement No.01/2015, Sl.No. of the Post \_\_\_ and Name of the post\_\_\_\_"**
- **This notification and update(s)/ information if any will be available on the CRRI website <http://www.crri.nic.in> only.**
- Canvassing in any form will be a disqualification.

**DIRECTOR**

## FORMAT OF APPLICATION

1. Advertisement No. : **01/2015**
2. Post Sl.No. & Name of the Post :
3. Category of the Post :
4. Name of the applicant  
(in block letters) :
5. Father/Husband's Name :
6. Date of Birth :
7. Age as on last date of receipt of application:
8. Present Address :
9. Permanent Address :

Affix recent  
passport size  
photograph duly  
signed by the  
applicant

10. Educational Qualification from H.S.C (Matric) onwards (attested copy of certificate to be attached)

Sl. No.	Examination Passed	Name of the Board / University.	Year of passing	Division / Class	% of marks
1.					
2.					
3.					
4.					
5.					

11. Technical/Professional Qualification, if any  
(attested copy of certificate to be attached) :
12. Experience, if any  
(attested copy of certificate to be attached) :
13. Whether SC/ST/OBC/PH/Ex-SM  
(attested copy of certificate to be attached) :
14. Nationality :
15. Sex (Male/Female) :
16. D.D.No. & Date :
17. E.mail id and Telephone No. :
18. A declaration has to be furnished stating whether the candidate is related to any employee of CRRI/ICAR. If yes, furnish the name & designation with address of the employee and the nature of relationship:
19. Any other relevant information :

*I hereby declare that all the statement made in this application are true, complete and correct to the best of my knowledge and belief. In the event of any information being found false or incorrect/incomplete or in-eligibility being detected at any time before or after selection/ interview, my candidature is liable to be rejected and I shall be bound by the decision of the **Director, CRRI, Cuttack.***

Place:  
Date:

*Signature of the candidate*

## FORM OF SCHEDULED CASTE / TRIBE CERTIFICATE

This is to certify that Shri/Shrimati\*/Kumari\* \_\_\_\_\_ son / daughter\* of \_\_\_\_\_ village/town\* \_\_\_\_\_ in District/Division\* \_\_\_\_\_ of the State/Union Territory\* \_\_\_\_\_ belongs to the \_\_\_\_\_ Caste/Tribe which is recognized as a Scheduled Caste/ Scheduled Tribe\* under:

\*The Constitution (Scheduled Castes) Orders, 1950.

\*The Constitution (Scheduled Tribes) Orders, 1950.

\*The Constitution (Scheduled Castes) (Union Territories) Order, 1951.

\*The Constitution (Scheduled Tribes) (Union Territories) Order, 1951.

[ (As amended by the Scheduled Castes and Scheduled Tribes Lists (Modification Order) 1956, the Bombay Reorganization Act, 1960, the Punjab Reorganization Act, 1966, the State of Himachal Pradesh Act, 1970, the North-Eastern Areas (Reorganization) Act, 1971 and the Scheduled Castes and Scheduled Tribes Orders (Amendment) Act, 1976.]

\* The Constitution (Jammu and Kashmir) Scheduled Casts Order, 1956;

\* The Constitution (Andaman and Nicobar Islands) Scheduled Tribes Order, 1959, as amended by the Scheduled Castes and Scheduled Tribes Orders (Amendment) Act, 1976;

\* The Constitution (Dadra and Nagar Haveli) Scheduled Castes Order, 1962;

\* The Constitution (Dadra and Nagar Haveli) Scheduled Tribes Order, 1962;

\* The Constitution (Pondicherry) Scheduled Castes Order, 1964;

\* The Constitution (Uttar Pradesh) Scheduled Tribes Order, 1967;

\* The Constitution (Goa, Daman and Diu) Scheduled Castes Order, 1968;

\* The Constitution (Goa, Daman and Diu) Scheduled Tribes Order, 1968;

\* The Constitution (Nagaland) Scheduled Tribes Order, 1970;

\* The Constitution (Sikkim) Scheduled Castes Order, 1978;

\* The Constitution (Sikkim) Scheduled Tribes Order, 1978;

\* The Constitution (Jammu and Kashmir) Scheduled Tribes Order, 1989;

\* The Constitution (SC) Orders (Amendment) Act, 1990.

\* The Constitution (ST) Orders (Amendment) Ordinance Act, 1991.

\* The Constitution (ST) Orders (Amendment) Ordinance Act, 1996.

\* The Constitution (SC) Orders (Amendment) Act, 2002.

\* The Constitution (SC) Orders (Second Amendment) Act, 2002.

\* The Scheduled Castes and Scheduled Tribes Orders (Amendment) Act, 2002

2. Applicable in the case of Scheduled Castes/Scheduled Tribes persons who have migrated from one State/Union Territory Administration.

This certificate is issued on the basis of the Scheduled Castes/ Scheduled Tribes Certificate issued to Shri/Shrimati\* \_\_\_\_\_ father / mother\* of Shri/ Shrimati/ Kumari\* \_\_\_\_\_ of village/ town\* \_\_\_\_\_ in District/Division\* \_\_\_\_\_ of the State/Union Territory\* \_\_\_\_\_ who belong to the Caste/ Tribe\* \_\_\_\_\_ which is recognized as a Scheduled Caste/Scheduled Tribe\* in the State/Union Territory\* \_\_\_\_\_ issued by the \_\_\_\_\_ dated \_\_\_\_\_.

3. Shri/Shrimati/Kumari\* \_\_\_\_\_ and/or\* his/her\* family ordinarily reside(s) in village/town\* \_\_\_\_\_ of \_\_\_\_\_ District / Division\* of the State/Union Territory\* of \_\_\_\_\_

Signature \_\_\_\_\_

Designation \_\_\_\_\_

(with seal of office)

State/Union Territory

Place \_\_\_\_\_

Date \_\_\_\_\_

\* Please delete the word, which are not applicable.

NOTE:- The term "Ordinarily resides" used here will have the same meaning as in Section 20 of the Representation of the Peoples Act, 1950.

The following Officers are authorized to issue caste certificates:

1. District Magistrate/Additional District Magistrate/Collector/Deputy Commissioner/Additional Deputy Commissioner/Deputy Collector/ 1st Class Stipendary Magistrate/Sub Divisional Magistrate/Taluka Magistrate/Executive Magistrate/Extra Assistant Commissioner.
2. Chief Presidency Magistrate/ Additional Chief Presidency Magistrate/Presidency Magistrate.
3. Revenue Officer not below the rank of Tehsildar.
4. Sub-Divisional Officer of the area where the candidate and/or his family normally resides.
5. Certificates issued by Gazetted Officer of the Central or of a State Government countersigned by the District Magistrate concerned. Officer of the area where the candidate.
6. Administrator /Secretary to Administrator (Laccadive, Minicoy and Amindivi Islands)

**FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES**  
**APPLYING FOR APPOINTMENT TO POSTS UNDER THE GOVERNMENT OF INDIA**

This is to certify that Shri/Smt./Kumari\_\_\_\_\_ son/daughter of \_\_\_\_\_ village/town\_\_\_\_\_ in District/Division \_\_\_\_\_ in the State/Union Territory \_\_\_\_\_ belongs to the \_\_\_\_\_ community which is recognized as a backward class under the Government of India, Ministry of Social Justice and Empowerment's Resolution No.\_\_\_\_\_ dated\_\_\_\_\_\*. Shri/Smt./Kumari\_\_\_\_\_ and/ or his/her family ordinarily reside(s) in the \_\_\_\_\_ District/Division of the \_\_\_\_\_ State/Union Territory. This is also to certify that he/she does not belong to the persons/ sections (Creamy Layer) mentioned in Column 3 of the Schedule to the Government of India, Department of Personnel & Training O.M.No.36012/22/93-Estt. (SCT) dated 08.09.1993\*\*.

District Magistrate  
Deputy Commissioner etc.  
(Seal)

Dated:

\* The authority issuing the certificate may have to mention the details of Resolution of Government of India, in which the caste of the candidate is mentioned as OBC.

\*\* As amended from time to time

Note:- The term "ordinarily" used here will have the same meaning as in Section 20 of the Representation of the People Act., 1950

**For being considered against the vacancies for the category of Person with Disability (PwD), the Challenged persons should have disability of 40% or more.**

However, such candidates shall be required to meet one or more of the following Physical requirement / disability, which may be necessary for performing the duties in the concerned post:

**Physical Requirements:**

1. Work performed by manipulating by fingers.
2. Work performed by pulling and pushing.
3. Work performed by lifting.
4. Work performed by kneeling and crouching.
5. Work performed by bending.
6. Work performed by sitting. (on bench or chair)
7. Work performed by standing.
8. Work performed by walking.
9. Work performed by seeing.
10. Work performed by hearing / speaking.
11. Work performed by reading and writing.
12. Communication.

**Functional Classifications:**

1. Both legs affected but not arms
2. Both arms affected.
  - a. Impaired reach
  - b. Weakness of grip.
  - c. Ataxic
3. Both legs and both arms affected.
4. One leg affected (R to L)
  - a. Impaired reach
  - b. Weakness of grip
  - c. Ataxic
5. One arm affected (R to L)
  - a. Impaired reach
  - b. Weakness of grip
  - c. Ataxic
6. One arm and one leg affected
7. Muscular weakness
8. The blind
9. Low vision
10. Hearing

**MEDICAL CERTIFICATE FOR PERSONS WITH DISABILITIES (PWD)**

NAME AND ADDRESS OF THE INSTITUTE/HOSPITAL

Certificate No. \_\_\_\_\_ Date: \_\_\_\_\_

**DISABILITY CERTIFICATE**

1. This is certified that Smt/ Shri/ Kum \_\_\_\_\_ son/  
daughter of Shri \_\_\_\_\_ age \_\_\_\_\_, sex  
Male/Female having identification marks as below:

\_\_\_\_\_ is suffering from  
permanent disability of following category :

**A. Locomotor or cerebral palsy:**

- (i) BL- Both legs affected but not arms.
- (ii) BA- Both arms affected
  - (a) Impaired reach (b) Weakness of grip.
- (iii) OL- One leg affected (right or left)
  - (a) Impaired reach (b) Weakness of grip (c) Ataxic
- (iv) OA- One arm affected (right or left)
  - (a) Impaired reach (b) Weakness of grip (c) Ataxic
- (v) BH- Stiff Back and hips (cannot sit or stoop)
- (vi) MW- Muscular Weakness and limited physical endurance.

**B. Blindness or Low Vision:**

- (i) B- Blind (ii) PB- Partially Blind

**C. Hearing Impairment:**

- (i) D- Deaf (ii) PD - Partially Deaf.
- (Delete the category whichever is not applicable)

2. This condition is progressive/non-progressive/likely to improve/not likely to improve. Re- assessment of this case is not recommended / is recommended after a period of ..... Years ..... Months.

3. Percentage of disability in his / her case is ..... Percent.

4. Smt./Shri/Kum..... meets the following physical requirement for discharge of his/her duties. .

(i) F-can perform work by manipulating with fingers	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(ii) PP-can perform work by pulling and pushing	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(iii) L--can perform work by lifting	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(iv) KC-can perform work by kneeling and crouching	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(v) B-can perform work by bending	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(vi) S-can perform work by sitting	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(vii) ST-can perform work by standing	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(viii) W-can perform work by walking	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(ix) SE-can perform work by seeing	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(x) H-can perform work by hearing/speaking	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(xi) RW-can perform work by reading and writing	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Paste here your recent colour photograph showing the disability (The photograph should be attested by the Chairperson of the Medical Board)

Signature of candidate in the above box below the photograph

(Signature of Doctor)  
Name:  
Registration No.:  
Member, Medical Board

(Signature of Doctor)  
Name:  
Registration No.:  
Member, Medical Board

(Signature of Doctor)  
Name:  
Registration No.:  
Member/Chairperson, Medical Board

\* Please delete the words which are not applicable

Place :  
Date :

**Counter Signature of the Medical Superintendent/CMO/  
Head of Hospital (with seal)**

Note : (i) According to the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full participation) Rules, 1996 notified on 31.12.1996 by the Central Government in exercise of the powers conferred by sub-section (1) and (2) of Section 73 of the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 (1 of 1996), authorities to give disability Certificate will be a Medical Board duly constituted by the Central or the State Government. The State Government may constitute a Medical Board consisting of at least three members out of whom at least one shall be a specialist in the particular field for assessing locomotor/hearing & speech disability, mental retardation and leprosy cured, as the case may be.

(ii) The certificate would be valid for a period of 5 years for those whose disability is temporary. For those who acquired permanent disability, the validity can be shown as permanent.