



**KERALA UNIVERSITY OF FISHERIES AND OCEAN STUDIES**  
**കേരള ഫിഷറീസ്-സമുദ്രപഠന സർവ്വകലാശാല**  
**PANANGAD P.O., KOCHI 682 506, KERALA, INDIA**

☎0484- 2703782, Fax: 91-484-2700337; e-mail: [utypanangad@kufos.ac.in](mailto:utypanangad@kufos.ac.in), [registrar@kufos.ac.in](mailto:registrar@kufos.ac.in) website: [www.kufos.ac.in](http://www.kufos.ac.in)

No.GA5/4154/2022

23.  
Date: 23.08.2022

**EMPLOYMENT NOTIFICATION - EXTENSION NOTICE**

Ref:- Notification no. GA5/4154/2022 dated 11/07/2022

The last date of receipt of applications for the post “**Medical Practitioner**” on daily wage (Hourly basis) to this University, as per the reference cited has been extended up to **12/09/2022**.

No	Post	Qualification	Duration of duty	Remuneration
1.	Medical Practitioner	MD in General Medicine/MBBS with PG Diploma in General Medicine	2 days in a week 4 hours per day	Rs 4000/- per day (4 hours)

\*Retired persons can also apply.

**General terms and conditions:-**

1. The prescribed essential qualifications are the minimum and mere possession of the same does not entitle candidates to be called for interview. Where the number of applications received is large and/or where it will not be convenient or possible to interview all the candidates, the University at its discretion may restrict the number of candidates to a reasonable limit on the basis of qualifications/experience prescribed in the advertisement. Further, the University may also fill up the post advertised on short-term contract basis if necessary.
2. Interview will be conducted based on the number of candidates.
3. No interim queries regarding interview/selection will be entertained.
4. Canvassing in any form will be a disqualification.
5. **Interested candidates are requested to apply in prescribed format attached below along with the copies of certificates to prove essential educational qualification, age and experience by sending them to the email id: [project.recruit@kufos.ac.in](mailto:project.recruit@kufos.ac.in) on or before 12.09.2022. Indicate the code**

**“MEDICAL PRACTITIONER” (as the case may be) in the subject of the mail. Attach the application in the prescribed format given below as a PDF and the certificates/supporting documents collectively as a separate PDF. No other formats except PDF shall be accepted.**

6. Application fee Rs.200 /- for General candidates and Rs. 50 /-for SC/ST candidates.
7. Mode of remittance of fee :-

Via Online to the account no:- 67149674791

Name:- Finance Officer, KUFOS

Bank & Branch:- SBI, SA Road, Vyttila

IFSC:- SBIN0070517

8. Applications received without remittance of fees will be summarily rejected.
9. The University reserves the right to -
  - a. not fill up the post advertised.
  - b. draw reserve panels for appointment to possible future vacancies;

  
23/8/22  
**JOINT REGISTRAR**  
For Registrar i/c

To: Director (P&D)/Head, IQAC/Acad 3/Notice Board/ Programmer (for uploading in website)/Director (PR&P)/FO/Cash Section/Spare

**KERALA UNIVERSITY OF FISHERIES AND OCEAN STUDIES**



Affix a recent  
photograph and  
self attest the

**APPLICATION FOR THE POST OF MEDICAL PRACTITIONER (Daily Wage/Hourly basis)**

Name of the post applied for : \_\_\_\_\_

Notification No. and Date (if any) : \_\_\_\_\_

1.	Name (In English Block Letters)		
2.	Address for Communication		
3.	Permanent Address		
4.	Phone Nos.	Landline Mobile	Email ID :

5.	Date of Birth (In Figures and in words-attach proof) and age							
6.	Sex							
7.	Religion							
8.	Caste/Community							
9.	Category (Put 'X' mark in the appropriate column)	SC	ST	OBC	General	PH	EX-Service	Any Others
10.	Qualification (Attach copy of Mark List)	Name of Institution				% of marks/OGPA	Class/Rank	
<b>Medical Practitioner</b>								
	MD in General Medicine							
	MBBS with PG diploma in General Medicine							
11.	Additional Qualifications, if any (Attach Proof)							
12.	Experience in the concerned field (Attach Proof)							
	Name of the Institution	Post held			Period			

13.	Details of present job		
14.	Name and address of the present Employer		
15.	Proof showing particulars of registration fee paid Amount:- UTR No./Transaction ID No./IMPS No.etc. Date		

### DECLARATION

I certify that the information furnished above are true and correct to best of my knowledge and belief. Should there be any incorrect or false information having been furnished or that may come to light, in due course, I bind myself for such action as the University may decide.

Place:  
Date :

Signature:  
Name :