



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 , registrar@kufos.ac.in website: www.kufos.ac.in

No.GA5/3813/2023

Dated, 03/08/2023

EMPLOYMENT NOTIFICATION

Applications in the prescribed format are invited from eligible candidates for the empanelment of LDV Driver cum Office Attendant on daily wage basis for a period of 179 days each at a time at KUFOS,Panangad with qualifications as detailed below:-

Name of the Post	LDV Driver cum Office Attendant
Scale of pay/consolidated pay	Daily wage Rs 730/- day & Maximum daily wages payable in a month Rs 19710/-
Qualification	<ol style="list-style-type: none">1. A Pass in Standard VII or equivalent qualification2. Must possess current motor driving license to drive Light Motor Vehicles with Drivers Badge. Light Motor Vehicle driving License shall be atleast 3 years standing.3. The Drivers Badge has been exempted for driving light Motor vehicles from 12.10.20184. Medical fitness-Should be medically fit as per the standards specified below: (i) Ear-Hearing should be perfect. (ii) Eye-Distant vision-6/6 snellen, Near Vision-0.5 Snellen, Colour vision- Normal, Night blindness:Nil (iii) Muscles and Joints-No paralysis and all joints must be capable of free movement. (iv) Nervous system-Perfectly normal and free from any infectious diseases

Specific Age Limit	18-39 as on 01.01.2023 (Other Backward Communities and SC/ST candidates are eligible for usual age relaxation)
Place of Appointment	KUFOS, Panangad

General terms and conditions:-

1. Driving license shall be valid not only at the time of application but also at each stage of selection.
2. Proficiency in driving Light Duty Vehicle shall be proved by a practical test (including "H" Test) conducted by the University. Only those who pass "H" Test are eligible for Road Test.
3. Medical Fitness shall be proved by a proper Medical Certificate obtained from a Medical Officer not below the rank of an Assistant Surgeon.
4. A Medical Certificate regarding eye sight from an Ophthalmologist in Government Service also will have to be produced.
5. Differently abled persons are not eligible to apply for the post.
6. Interested persons should apply **by post** in the **application form attached hereunder with photo copies of all supporting documents**. The envelope should be *super-scribed* with the notification number and the post applied for.
7. Applications should reach this office at the below address on or before **4.30 pm on 17.08.2023**.

**THE REGISTRAR
KERALA UNIVERSITY OF FISHERIES AND OCEAN STUDIES
PANANGAD P.O, MADAVANA, KOCHI - 682 506**

8. Application fee **Rs.200 /-** for General candidates and **Rs. 50 /-** for SC/ST candidates.

9. Mode of remittance of fee :-

Via Online to the account no:- 67149674791

Name:- Finance Officer, KUFOS

Bank & Branch:- SBI, SA Road, Vyttila

IFSC:- SBIN0070517

10. Applications received without remittance of fees and not in prescribed application form will be summarily rejected.

11. The University reserves the right to -

(a) not fill up the post advertised.

(b) draw reserve panels for appointment to possible future vacancies .


REGISTRAR i/c

Copy to:-

1. The programmer (For Publishing in website)
2. Director (PR& P)- For Publishing in newspapers
3. Vehicle Officer
4. Kumbalam Gramapanchayath Office(For Publishing in Notice Board)



KERALA UNIVERSITY OF FISHERIES AND OCEAN STUDIES



Affix a recent
photograph and
self attest the

**APPLICATION FOR THE EMPANELMENT OF LDV DRIVER CUM OFFICE
ATTENDANT**

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		Email ID :
		Mobile		
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 & Certificate)	Name of Degree		Name of Institution and University		% of marks/OGPA		Class/Rank
	SSLC							
	PLUS TWO							
	Degree							
11.	Additional Qualifications, if any (Attach Proof)							
12.	Experience (Attach Proof)							
	Name of the Institution	Post held			Period			
13.	Driving Proficiency. Give Details							
14.	Proof showing particulars of registration fee paid Amount:-							

	DD /Receipt No.
	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 :