

GOVERNMENT OF TAMIL NADU
DEPARTMENT OF FISHERIES
CENTRE FOR AQUACULTURE RESEARCH AND DEVELOPMENT (CARD)

Applications are invited from eligible candidates in the prescribed format for the post of Fisheries Technical Assistant and Accountant to be appointed purely on temporary basis for a period of 11 months on contract basis, to work in Centre for Aquaculture Research and Development (CARD).

Sl. No	Designation/Consolidated Monthly pay	No.of Post	Qualification	Experience/Preference
1.	Fisheries Technical Assistant /Rs.20,000	1	B.F.Sc/M.F.Sc/M.Sc Marine Biology/Zoology	Candidates having M.F.Sc/Field Experience will be preferred
2.	Accountant/Rs.15,000	1	B.Com/M.Com/CA/MBA from a recognized University with computer knowledge in MS Office.	2 years in any reputed firm/Government project.

- Last date for receipt of filled in application:30.11.2020
- Name of the post should be superscribed on the envelope
- Filled in application should be sent to the following address:

Centre for Aquaculture Research and Development (CARD)
O/o. the Director of Fisheries,
3rd floor, Integrated office complex for
Animal Husbandry and Fisheries Department,
Nandanam, Chennai-35.

Director of Fisheries

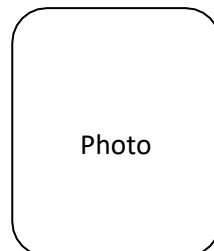
DEPARTMENT OF FISHERIES

CENTRE FOR AQUACULTURE RESEARCH AND DEVELOPMENT (CARD)

APPLICATION FOR THE POST OF *FISHERIES TECHINICIAL ASSISTANT*

PURELY ON TEMPORARY BASIS

NAME :
FATHER NAME/HUSBAND NAME :
DATE OF BIRTH :
RESIDENTIAL ADDRESS :



PERMANENT ADDRESS :

EDUCATIONAL QUALIFICATION:

SL.No	Name of the Institution	Degree	Year of pass

WORK EXPERIENCE:

SL.No	Designation	Organisation	Nature of work	Number of years

Note: Photocopies of Degree certificate and work experience details should be enclosed to this format.

DECLARATION

I hereby declare that all statements made in the application are true, complete and correct to the best of my knowledge and belief.

Signature of the applicant

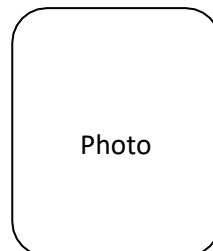
DEPARTMENT OF FISHERIES

CENTRE FOR AQUACULTURE RESEARCH AND DEVELOPMENT (CARD)

APPLICATION FOR THE POST OF **ACCOUNTANT**

PURELY ON TEMPORARY BASIS

NAME :
FATHER NAME/HUSBAND NAME :
DATE OF BIRTH :
RESIDENTIAL ADDRESS :



PERMANENT ADDRESS :

EDUCATIONAL QUALIFICATION:

SL.No	Name of the Institution	Degree	Year of pass

WORK EXPERIENCE:

SL.No	Designation	Organisation	Nature of work	Number of years

Note: Photocopies of Degree certificate and work experience details should be enclosed to this format.

DECLARATION

I hereby declare that all statements made in the application are true, complete and correct to the best of my knowledge and belief.

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