



**भा.कृ.अनु.प. -भारतीय कृषि अनुसंधान संस्थान असम**  
**ICAR - INDIAN AGRICULTURAL RESEARCH INSTITUTE ASSAM**  
दिरपाई चापोरि, गोगामुख-787035, धेमाजी असम  
Dirpai Chapori, Gogamukh -787035, Dhemaji Assam

F.No. IARI Assam Visiting Doctor (Comp No. - 288241)

Date:- 11/02/2026

**WALK-IN-INTERVIEW**

Walk-in-interview for engagement of a part time visiting Medical Officer (Female) is scheduled to be held at 11:00AM on 18.03.2026 at the ICAR - Indian Agricultural Research Institute Assam, Gogamukh, Dhemaji-787035 Assam. The position of part time visiting Medical Officer is purely temporary and non-regular in nature. The engagement part time visiting Doctor (Female) as details mentioned below at ICAR-IARI Assam Dispensary is initially for a period of one year which may be extended for further periods and not more than 2 years as per discretion of the Director, ICAR-IARI Assam. The application may be addressed to The Director, ICAR – Indian Agricultural Research Institute, Dirpai Chapori, Gogamukh, Dist-Dhemaji, Assam - 787035 and may be sent through email to [sk.singh@icar.org.in](mailto:sk.singh@icar.org.in) before the last date of submission of application otherwise such applications will not be considered.

| Name of the post          | Number of vacancies | Terms                |                                                                                                                                                                                                                                                          |
|---------------------------|---------------------|----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part time Doctor (Female) | 1 (Female)          | Working Period       | 02 hours on alternate days. Male and Female Doctor should attend the dispensary on alternate days in a week.                                                                                                                                             |
|                           |                     | Monthly remuneration | Rs. 40,000/- (consolidated)                                                                                                                                                                                                                              |
|                           |                     | Qualification        | MBBS from a recognized educational Institute authorized to be issued such qualifying Degree and be authorized as per extant provisions to practice as a medical practitioner in India. Regular, continuous & Experienced practitioner will be preferred. |

- In case of resignation of any of the visiting doctors, next incumbent will be appointed from the panel. However, the validity of the panel will be of two year.

**Interested and eligible candidates may send their application in prescribed format as mentioned in general instructions below.**

## **GENERAL INFORMATION FOR APPLICANTS**

- (i) Application form must be submitted for post in the prescribed format which is attached with this notification.
- (ii) Completely filled Application form along with all supporting documents must be sent through email. It should be scanned in pdf format and submitted through e-mail to the given address before closing date for receipt of applications. Applications through other mode of communication will not be entertained under any circumstances.
- (iii) Incomplete applications and applications after closing date will not be entertained at all.
- (iv) The prescribed essential qualifications are minimum requirements and possessing the same does not entitle candidates to be called for screening. Short- listing for being called for the screening does not convey or assure that they will be selected. The selection will be made on minimum qualification and experience in the field of mentioned post.
- (v) After proper scrutiny, candidates will be shortlisted for screening / personal interview. Shortlisted applicants must appear for personal interview at ICAR – IARI, Assam as per the schedule. Details of shortlisted candidate and personal interview schedule will be displayed on IARI website and will be sent to the applicant through e-mail.
- (vi) Candidates must bring their 'Original Documents' along with biodata (in prescribed format) with photocopies of each document.
- (vii) The decision of the interview Board with regard to eligibility or otherwise of any candidate based upon evaluation of the application and particular / records submitted with the application by the candidate shall be final. The institute will not enter into any correspondence with the candidates regarding not being called for interview or for non – selection after interview etc.
- (viii) Providing any false information or documents may render the candidate liable to action by the Institute including disqualification of candidature and barring from future recruitments under this institute.
- (ix) The number of contractual positions may increase or decrease during the period of deployment and if required offer will be given from the panel.



**Chief Administrative Officer &  
Head of Office**



Latest Passport  
size photograph

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**Application for the post of: Part Time Medical Doctor**

|    |                                                                                                                                                                |             |          |            |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------|------------|
| 1. | Full Name in Block Letters                                                                                                                                     |             |          |            |
| 2. | Father/Husband Name                                                                                                                                            |             |          |            |
| 3. | Sex (Male/ Female)                                                                                                                                             |             |          |            |
| 4. | Date of Birth and age as on date of walk-in-Interview                                                                                                          | D.O.B.:     | Age:     | years      |
| 5. | Category (SC/ST/OBC/PH)                                                                                                                                        |             |          |            |
| 6. | Address for Communication                                                                                                                                      |             |          |            |
|    | Contact No.                                                                                                                                                    |             |          |            |
|    | E-mail :-                                                                                                                                                      |             |          |            |
| 7. | Educational Qualifications (from Highest degree onwards)<br>Attach self-attested photocopies & Submission of Original documents is mandatory for verification. |             |          |            |
|    | Qualifications                                                                                                                                                 | Board/Univ. | Division | % of Marks |
|    | (a)                                                                                                                                                            |             |          |            |
|    | (b)                                                                                                                                                            |             |          |            |
|    | (c)                                                                                                                                                            |             |          |            |
|    | (d)                                                                                                                                                            |             |          |            |

|    |                                                                                                |                   |              |  |
|----|------------------------------------------------------------------------------------------------|-------------------|--------------|--|
| 8. | Experience (Attach self-attested photocopies & Submission of Original documents is mandatory.) |                   |              |  |
|    | Name of Organization                                                                           | Designation       | Period       |  |
|    |                                                                                                |                   | Years/Months |  |
|    | (a)                                                                                            |                   |              |  |
|    | (b)                                                                                            |                   |              |  |
|    | (c)                                                                                            |                   |              |  |
|    |                                                                                                | Total Experiences |              |  |
| 9  | Other Information, if any                                                                      |                   |              |  |

### UNDERTAKING

I do hereby declare and certify that the information furnished in the application are correct and true to the best of my knowledge and belief. I understand and agree that in the event of any information being found false or incorrect/incomplete or ineligibility being detected at any time before or after the test/selection, my candidature is liable to be rejected/cancelled without notice. I shall be bound by the decision of Director, ICAR-IARI, Assam.

Place:

Signature of Candidate

Date: