



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.GA5/6892/2025

Date: 18.08.2025

EMPLOYMENT RENOTIFICATION

Applications in the prescribed format from eligible candidates are invited for the post of Medical Practitioner on daily wage (Hourly basis) at KUFOS as detailed below.

1. Name of the Post	Medical Practitioner
No. of Vacancy	01
Remuneration	Rs 4000/- per day (4 hours)
Essential Qualifications	MD in General Medicine/MBBS with PG Diploma in General Medicine
Experience	Minimum 5 Years
Duration of duty	2 days in a week 4 hours per day
Period of appointment	1 Year
Specific age limit	No Age limit
Mode of appointment	Daily wage/hourly basis

*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. Written examination and/or interview will be conducted based on the number of candidates.
3. No interim queries regarding test/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, experience etc to the address, **THE REGISTRAR, KERALA UNIVERSITY OF FISHERIES AND OCEAN STUDIES, PANANGAD, KOCHI 682 506** by post on or before 4.30 pm on **09.09.2025** superscribing the post applied for.
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. Fees once paid is non refundable at any circumstances
10. The University reserves the right to –
 - a. not fill up the post advertised.
 - b. draw reserve panels for appointment to possible future vacancies;


REGISTRAR

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 same

APPLICATION FOR THE POST OF MEDICAL PRACTITIONER

Name of Post applied for :

Notification No. and Date

(if any)

:

1.	Name (In English Block Letters)									
2.	Address for Communication									
3.	Permanent Address									
4	Ph. Nos.	Landline		Email ID:						
		Mobile								
5	Date of Birth (in figures and in words attach proof) & 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

	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 and Amount:- UTR No./Transaction ID No./IMPS No. etc Date:			

DECLARATION

I hereby declare that I have carefully read and understood the instructions on this application and that all entries in this form as well as in the attached sheets are true to the best of my knowledge and belief.

Place:

Signature:

Date :

Name :