



KERALA UNIVERSITY OF FISHERIES & OCEAN STUDIES
കേരള ഫിഷറീസ്-സമുദ്രപഠന സർവ്വകലാശാല

PANANGAD P.O., KOCHI 682 506, KERALA, INDIA
Phone:0484- 2703782, 2700598; Fax: 91-484-2700337; e-mail: utypanangad@kufos.ac.in



RE EMPLOYMENT NOTIFICATION

Applications are invited in the prescribed format attached below from qualified candidates for appointment to the post of Liaison Officer at KUFOS.

- | | |
|--------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Name of Post | : Liaison Officer |
| Number of Vacancy | : 1 (ONE) |
| Mode of appointment | : On contract basis |
| Period of appointment | : For a period of 1 year extendable based on performance |
| Essential Qualification | : 1. Graduation |
| Personal | 2. Retired employees who have served in Officer posts or as Assistants/ Private Secretaries to higher officials in the Govt. Secretariat/ Universities. |
| Remuneration | : Rs. 22,000/- per month |
| Maximum age limit | : No age limit |
| Place of work | : Thiruvananthapuram |

GENERAL INSTRUCTIONS

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, **REGISTRAR, KERALA UNIVERSITY OF FISHERIES AND OCEAN STUDIES, PANANGAD, KOCHI 682 506** by post on or before 4.30 pm on **29 .05.2026** superscribing the post applied for.



KUFOS HQRS,Panangad, Ernakulam

6. The University will not be responsible for any postal delay.
7. All copies of certificates shall be self attested. The genuineness of the certificate shall be subjected to verification and legal action will be taken against those who issue and produce bogus
8. Application fee **Rs. 400 /-** for General candidates and **Rs. 100/-**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 will be summarily rejected.

11. Fees once paid is non refundable at any circumstances

12. The University reserves the right to -

1. not fill up the post advertised.
2. draw reserve panels for appointment to possible future vacancies;

REGISTRAR

To:

1. Programmer (For publishing in KUFOS web site)
2. PRO (For publishing in news papers)
3. Notice Board/SF

KERALA UNIVERSITY OF FISHERIES AND OCEAN STUDIES



Affix a recent
photograph

APPLICATION FOR THE POST OF LIAISON OFFICER

Posts applied (Specify) : _____

Notification No. and Date : _____

1.	Name (In English Block Letters)		
2.	Address for Communication		
3.	Permanent Address		
4.	Telegraphic Address/Fax Nos. if any		
5.	Phone Nos.	Landline Mobile	Email ID :
6.	Date of Birth (In Figures and in words-attach proof) and age on the date of submitting application form to KUFOS		
7.	Nativity		

8.	Sex							
9.	Marital Status							
10	Religion							
11	Caste/Community (Attach Proof)							
12	Category (Put 'X' mark in the appropriate column)	SC	S T	OB C	Gener al	PH	EX- Service	Any Others
13	Present Employment If employed							
	i.	Present designation						
	ii.	Name and Address of the Present Employer						
14	Qualification (Attach copy of Mark List)	Name of Degree	% of mark s/ OGP A	Name of Institution and University	Year of pass	Class/ Rank		
	Graduation							
	Post Graduation							
15	Additional Qualifications, if any (Attach Proof)							
16	Experience (Attach separate sheets with supporting evidences)							
		Name of the Institution	Post held	Period From To	Year	Month	Days	
17	Proof showing particulars of application fee paid Rs. /- for SC/ST candidates and Rs. /- for other categories.							

	UTR No:	Dated:	Amount:
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DECLARATION

I certify that the information furnished above are true and the 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 & Designation of the Applicant