

## PARADIP PORT AUTHORITY

PARADIP - 754 142, ODISHA (INDIA)
ADMINISTRATIVE DEPARTMENT



No.AD/RSC-II-21/10/06(Pt.)/ 2/25

Dated, the 16-Aug., 2022

#### ADVERTISEMENT

Paradip Port Authority intends to engage **01** (**one**) **Horticulture Consultant** on **Contractual basis.** The details regarding post showing qualification, remuneration etc. for the post are as below:

| SI<br>No | Post                                        | Qualification                                                                                                                                                                                                                                        | No. of<br>Posts | Age               | Remuneration<br>(Consolidated) |
|----------|---------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------------|--------------------------------|
| 1        | Horticulture<br>Consultant<br>(on contract) | Essential:- Bachelor's Degree in any discipline from recognized University with 05 years working experience in the field of Horticulture / Forest Deptt as Executive / Officer and above in Central Govt/ State Govt./ PSU / Organisation of Repute. |                 | Up to<br>64 years | Rs.35,000/-<br>per month       |

#### B) Terms & Conditions:

- PPA reserves the right either to cancel the advertisement or increase/decrease the number of engagements without assigning any reason thereof.
- ii) The engagement will be for **01 year** and extendable further based on the performance and requirement of Paradip Port Authority.
- iii) The selected candidate will monitor and supervise the plantation work carried out by various contractors at Paradip Port Authority and report to the Chief Engineer directly.
- iv) The selected candidate will be paid a fixed consolidated monthly remuneration of Rs.35,000/- per month with an enhancement of amount @3% per year.
- v) The selected candidate will be provided PPA quarters, subject to availability, on recovery of usual charges as applicable to Port employees.
- vi) The selected candidate will be posted under control of the office of the Chief Engineer, Paradip Port Authority.
- vii) The selected candidate will directly report to the Chief Engineer, PPA, or any other officer nominated by him, for his daily performance.
- viii) Closed Holidays, National Holidays, as applicable to Port employees, will be admissible with prior permission of Chief Engineer, PPA. The working days/hours would be at par with Port employees and there is no provision for any extra remuneration if the work is done beyond office hours/holidays.
- ix) The selected candidate will be entitled medical consultation in Paradip Port Authority Hospital for self only. However, no reimbursement for medicine/ medical articles purchased from outside, diagnostic test done outside or treatment received outside will be allowed. This restriction will not apply for treatment of any injury sustained due to accident, occurred in the course of and arising out of the contractual engagement.
- x) The selected candidate shall be responsible for charge and care of the PPA money, goods and stores and all other property that may be entrusted on him/her and he/she will be accountable for the same.

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- xi) If the selected candidate is required to go on official tour outside Head Quarters at PPA, he/she will be entitled to TA/DA, as applicable to the similarly placed regular incumbents.
- xii) The selected candidate should not leave headquarters without prior permission of the Chief Engineer, PPA.
- xiii) The selected candidate will maintain absolute integrity and devotion to duty and will be liable for penal action for misconduct or causing loss to Port property attributable to her/him during the period of contract engagement.
- xiv) The contractual engagement may be terminated by giving one month's notice from either side. However, the engagement is also terminable on 24 hour's notice for unsatisfactory performance and for any act considered to be derogatory / detrimental to the interest of PPA.
- xv) The engagement is purely on contractual basis and the engagement on contract basis will not confer any right for claiming regular appointment etc.
- Canvassing in any form will lead to disqualification.
- xvii) No TA/DA is admissible for appearing in interview/personal discussions.
- **D) Selection Methodology**: The selection will be based on Interview/ personal discussions. Preference will be given to the candidates possessing experience in mass plantation and supervision.

### E) General Instruction:

- a) Candidates, fulfilling the above eligibility criteria and agreeable to the terms & conditions, may apply in the enclosed proforma with two recent passport size photographs and self certified photocopies of relevant certificates/ testimonials. Application in sealed envelope superscribing "Application for engagement of Horticulture Consultant on contractual basis", should reach the Office of the Secretary, Paradip Port Authority, Po-Paradip Port, Dist- Jagatsinghpur, Odisha-754142, by 30.09.2022. Mere fulfillment of the eligibility criteria will not confer any right upon the candidate for selection. Management reserves the right to cancel the selection process without any reference to the candidates. Incomplete application received after the last date may not be entertained.
- E) Interested candidates are advised to follow PPT website for further updates.

**Paradip Port Authority** 

## **PARADIP PORT AUTHORITY**

# APPLICATION FOR THE POST OF HORTICULTURE CONSULTANT ON CONTRACTUAL BASIS

| 1]                 | Na                                            | me                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | :                     |                      |          |                                         |                    |  |  |  |  |  |
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| 3] Date of Birth : |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                      |          |                                         | Affix Passport siz |  |  |  |  |  |
|                    | (Self-Certified copy of proof to be enclosed) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                      |          |                                         |                    |  |  |  |  |  |
| 4]                 | Age                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -                     |                      |          |                                         |                    |  |  |  |  |  |
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| 6]                 | 6] Address for Communication :                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                      |          |                                         |                    |  |  |  |  |  |
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| 7]                 | Tel                                           | lephone: La                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ndline :              | Mob                  | ile :    |                                         |                    |  |  |  |  |  |
| 8]                 | E-r                                           | nail ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | :                     |                      |          |                                         |                    |  |  |  |  |  |
| 9]                 | Nat                                           | tionality                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | :                     |                      |          |                                         |                    |  |  |  |  |  |
| 10]                | Rel                                           | ligion                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | :                     |                      |          |                                         |                    |  |  |  |  |  |
| 11]                | SC/                                           | /ST/OBC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | :                     |                      |          |                                         |                    |  |  |  |  |  |
| 12]                | Edı                                           | ucational and oth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | er qualifications :   | :                    |          |                                         |                    |  |  |  |  |  |
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| N                  | Vo.                                           | Examination                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Pass Course           | College/ University  |          | Division/ Class                         |                    |  |  |  |  |  |
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|                    |                                               | The second secon | ation: (if any):      |                      |          |                                         |                    |  |  |  |  |  |
|                    |                                               | erience :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (,),                  |                      |          |                                         |                    |  |  |  |  |  |
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|                    |                                               | ad, Write and Spe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                       | :                    |          |                                         |                    |  |  |  |  |  |
| 10]                | An                                            | y other informati                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ion :                 | :                    |          |                                         |                    |  |  |  |  |  |
|                    |                                               | In the overt of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ay coloction to the o | hove post I will     | e miek d | 0111 07 1                               | undowalso          |  |  |  |  |  |
| the                |                                               | ointment/ posting                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | y selection to the a  | bove post, i will no | i withar | aw and                                  | пиниентаке ассерт  |  |  |  |  |  |
|                    |                                               | omment/ posting                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Б·                    |                      |          |                                         |                    |  |  |  |  |  |
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Date:

Signature of the Applicant