## SPICES BOARD

(Ministry of Commerce & Industry, Govt. of India) "Sugandha Bhavan" N.H.By Pass, Palarivattom.P.O, Cochin – 682025, Kerala, India (Phone: 91-484-2333610 – 616) www.indianspices.com

## Notification No:42/2023

## WALK IN TEST FOR THE SELECTION OF TRAINEES IN QUALITY EVALUATION LABORATORY OF SPICES BOARD AT GUNTUR.

Trainee Analyst Chemistry	Two (02) Nos.			
	(A panel will be prepared for future requirements)			
Category	SC/ST.			
Stipend	Rs.20,000/- per month.			
Training Location	QEL,Guntur.			
Method of selection	Walk-in-test.			
Age	Not more than 30 years as on the date of walk-in- test.			
Tenure of Training	One year from the date of joining (extendable upto one			
	more year).			
Leave eligibility	One day per month.			
Qualification	Essential			
	Bachelors degree in Chemistry from a recognised			
	University/ Institute.			

Venue, Date and time of Walk-in-	Venue: QUALITY EVALUATION LABORATORY,			
test	SPICES BOARD,			
	CHUTTUGUNTA CENTER,			
	G.T. ROAD, GUNTUR			
	ANDHRA PRADESH 522004			
	Ph.no:0863 – 2338570			
	Date:12.04.2023			
	Time:11.00 AM			

Instructions to candidates:	Eligible candidate appearing for the test should fill-in and sign the form placed as Annexure I of this notice and bring along with all necessary documents given below:			
	<b>o</b> passport size color photograph,			
	o original certificates for:			
	<ul> <li>Identity proof (Voter card, Aadhaar</li> </ul>			
	card etc.)			
	<ul> <li>proof of age</li> </ul>			
	<ul> <li>proof of education and training</li> <li>Costs Costificate</li> </ul>			
	Caste Certificate     One set of attested photosopies of the			
	• One set of attested photocopies of the			
	above document stapled to the filled-in and signed Annexure 1.			
	The number of trainees indicated is provisional and may vary at the time of selection.			

Director(Admn.)i/c

Date: 29<sup>th</sup> March, 2023. Kochi-25.

Hindi version follows.

The details to be filled with subject as "Application for	•"

Name	:					
Fathe	r/Guardian Name:					
Sex:						
Date	of Birth:					
Marit	al status:					
Religi	on:					
Categ	ory(SC/ST):					
Natio	nality:					
ID pro	oof:					
0. Phone no.:						
Alterr	ate no.:					
1. Email id:						
12. Address for communication:						
13. Permanent Address:						
Educa	ational Qualification(Copies may	be enclosed as attach	iment):			
am	Subject	University/ Institute	Year of passing	Percentage/ GPA		
Detai	s of experience(if any)(copies					
may be enclosed as attachment):						
Any o	ther relevant information:					
	Fathe: Sex: Date of Marita Religio Catego Nation ID pro Phone Alterm Email Addre Perma Educa am Educa am	Date of Birth:Marital status:Religion:Category(SC/ST):Nationality:ID proof:Phone no.:Alternate no.:Email id:Address for communication:Permanent Address:Educational Qualification(Copies mayamSubjectDetails of experience(if any)(copies	Father/Guardian Name:Image: Constraint of the second	Father/Guardian Name:       Image: Set		

Annexure - I

## **Declaration**

I hereby declare that the information furnished above are true, complete and correct to the best of my knowledge and belief. I am in possession of the documents in proof of the claim made in this application.

Date:

Place:

(Signature) (Name)