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:04/2023

WALK IN TEST FOR SELECTION OF SRD TRAINEES AT SPICES BOARD REGIONAL OFFICE, GUNTUR

[Exclusively for Scheduled Caste (SC) and Scheduled Tribe(ST) candidates]					
Trainees	SRD Trainee -Two (02) Nos.				
	(A panel will be prepared for future requirements)				
Category	SC/ST.				
Stipend	Rs.20,000/- per month.				
Training Location	R.O,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 any discipline from a recognized				
	University/ Institute with computer knowledge.				

Venue, Date and time of Walk-in-test	Venue: REGIONAL OFFICE ,
	SPICES BOARD,
	CHUTTUGUNTA CENTER,
	G.T. ROAD, GUNTUR
	ANDHRA PRADESH 522 004
	Ph.no:0863 – 2338570
	DATE- 25 July 2023
	Time - 10.00 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:			
	 passport size color photograph, original certificates for: Identity proof (Voter card, Aadhaar card etc.) proof of age proof of education and training Caste Certificate 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: 10th July, 2023 Kochi-25.

Hindi version follows.

Annexure - I The details to be filled with subject as "Application for......"

1.	. Name:					
2.	Fath	Father/Guardian Name:				
3.	Sex:					
4.	Date	of Birth:				
5.	Mari	tal status:				
6.	Relig	ion:				
7.	Cate	gory(SC/ST):				
8.	Natio	onality:				
9.	D. ID proof:					
10	Phon	e no.:				
•	Alter	nate				
	no.:					
11 Email id:						
12	Addr	ess for communication:				
•						
13	13 Permanent Address:					
•						
14	Educ	ational Qualification(Copies	may be enclosed a	s attachment):		
Ex	am	Subjec t	University/ Institute	Year of passing	Percentage/ GPA	
		U	Institute			
15	Detai	ls of experience(if any)				
•	· (copies may be enclosed as					
		hment):				
16	16 Any other relevant information:					
•						
			1			

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)