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

WALK IN TEST FOR SELECTION OF TRAINEE IN QUALITY EVALUATION LABORATORY OF SPICES BOARD, KANDLA, GUJARAT

Notification No:23/2022

[Exclusively for Scheduled Caste (SC) and Scheduled Tribe(ST) candidates]

Trainees	Trainee Analyst Microbiology One (1) No.		
	SRD Trainee Two (2) No.		
Category	SC/ST		
Stipend	Rs.20,000/- per month		
Training Location	QEL,Kandla,Gujarat.		
Method of selection	Walk-in-test (objective type)		
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		
	Trainee Analyst Microbiology :Bachelors degree in		
	Microbiology from a recognised University/ Institute.		
	SRD Trainee : Graduation/Degree in any discipline		
	from a recognized University/Institute with computer		
	knowledge.		

Venue, Date and time of Walk-	Venue: Quality Evaluation Laboratory
in-test for Trainee Analyst in	Spices Board, Plot No.22/A
Microbiology & SRD Trainee	Sector-8, Near New Income
	Tax office, Tagore Road, Gandhidham
	Kandla 370 201, Gujarat
	Phone 02836-226620/21
	Date: 18.11.2022
	Time: 11.00 a.m.

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:	
	o passport size color photograph,	
	o 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.	

Date: 20th October 2022 Director(Admn.)i/c

Kochi 25.

Annexure – I

The	detai	is to be filled with subject as	s "Application for	`	
1.	Nam	e:			
2.	Fath	er/Guardian Name:			
3.	Sex:				
4.	Date	of Birth:			
5.	. Marital status:				
6.	Relig	gion:			
7.					
8.	8. Nationality:				
9.					
10.	Phor	ne no.:			
	Alte	rnate no.:			
11.	Ema	il id:			
12.	Addı	ress for communication:			
13.	3. Permanent Address:				
14.	Educ	cational Qualification(Copie	s may be enclosed	as attachment):	
Ex	am	Specialisation/Subject	University/	Year of passing	Percentage/ GPA
			Institute		
15.	Deta	ils of experience(if any)			
	(cop	ies may be enclosed as			
attachment):					
16		other relevant information:			
10.	2 111 y	outer referance information.			

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:	(Signature)
Place:	(Name)