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:17/2023

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

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

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Trainee Analyst Chemistry	One (01) No.			
	(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			
	Bachelor of Science Degree with Chemistry as one of the subject or Bachelor degree in Chemistry from a recognized University or equivalent			
	Subject of training			
	Training on chemical analysis of Spices and Spice products.			
	Candidates who have completed training in any of the Quality Evaluation Laboratories of the Board are not eligible to apply again.			

Venue: QUALITY EVALUATION LABORATORY,
SPICES BOARD,
CHUTTUGUNTA CENTER,
G.T. ROAD, GUNTUR
ANDHRA PRADESH 522004
Ph.no:0863 - 2338570
Date: 31.10.2023
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:		
	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.		

Director(Admn.)i/c

Date: 09th October 2023

Kochi-25.

Hindi version follows.

1.	Nam	e:			
2.	Fath	er/Guardian Name:			
3.	Sex:				
4.	Date	of Birth:			
5.	Mari	tal status:			
6.	Relig	ion:			
7.	Cate	gory(SC/ST):			
8.	Natio	onality:			
9.	ID pı	roof:			
10	Phor	e no.:			
	Alter	rnate			
	no.:				
11	Emai	l id:			
12	Addr	ress for communication:			
13	Pern	nanent Address:			
14	Educ	cational Qualification(Copies	may be enclosed a	s attachment):	
	kam	Subjec	University/	Year of passing	Donagata ga/ CDA
152	Kaiii	t t	Institute	rear or passing	Percentage/ GPA
15	Deta	ils of experience(if any)			
		es may be enclosed as			
		hment):			
		·			
16	Any	other relevant information:			

Declaratio

n

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)