SPICES BOARD

Notification No:33/2023

WALK IN TEST FOR SELECTION OF LIBRARY TRAINEE AT SPICES BOARD, HEAD OFFICE, KOCHI

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

Requirement	One (01) No.
_	(A panel will be prepared for future requirements, if any)
Category	SC/ST
Stipend	Rs.21,000/- per month
Training Location	Spices Board, Head office, Kochi
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 to one more
	year)
Leave eligibility	One day per month
Qualification	Essential:-
	Master's Degree in Library and Information Science
	Candidates who have completed training in any of the offices of the Board are not eligible to apply again.

Venue, Date and time of Walk-in-	Venue: SPICES BOARD (Ministry of Commerce &
test	Industry, Govt. of India) "SugandhaBhavan"
	N.H.ByPass, Palarivattom.P.O,Kochi -
	682025, Kerala, India Ph: 0484 2333610-16
	Date: 13.03.2024
	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 notification and bring the same along with the following:						
	o passport size color photograph,						
	0	original certificates for:					
		 proof of identity (Voter card, driving license, etc.) proof of age proof of education (and training, if any) Caste Certificate 					
	O	One set of attested photocopy of the above documents stapled to the filled-in and signed Annexure 1.					

Date: 13th February, 2024.

Director(Admn.)i/c

Kochi-25.

Hindi Version follows:-

1.	Name									
2.	Father/Guai	rdian Name								
3.	Sex		Male		F	emale	Tran	sgender		
4.	Date of Birth	1								
5.	Marital statu	ıs								
6.	Religion									
7.	Category (SC	C/ST)								
8.	Nationality									
9.	ID proof									
10.	Phone no.									
	Alternative N	lo.								
11.	Email id									
12.	Address for o									
13.	Permanent A	Address								
14.	Educational	Qualification (copies may	y be end	closed	d as attacl	nment)):			
	Exam	Subject	Univer	sity/	Institute	Yea	ar of passing	Percen	itage	e/ GPA
15.	Details of ex	perience, if any (copies								
	may be enclo	osed as attachment)								
16.	Any other re	levant information								

Declaration

I hereby de	clare	that th	ne info	rma	ition furnish	ied	abo	ve are true,	com	plete	and	corr	ect to	the bes	st of	f my
knowledge	and	belief.	I am	in	possession	of	the	documents	in	proof	of	the	claim	made	in	this
application																

Date:	(Signature)
Place:	(Name)