

**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](http://www.indianspices.com)

**Notification No:40/2023.**

**WALK IN TEST FOR THE SELECTION OF SRD TRAINEE AT SPICES BOARD REGIONAL OFFICE, KOLKATA.**

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

<b>Trainees</b>	SRD Trainee - One (01) No. A panel will be prepared for selection of trainees for future vacancies
<b>Category</b>	SC/ST
<b>Stipend</b>	Rs.20,000/- per month.
<b>Training Location</b>	Spices Board Regional Office, Kolkata.
<b>Method of selection</b>	Walk-in-test.
<b>Age</b>	Not more than 30 years as on the date of walk-in- test.
<b>Tenure of Training</b>	One year from the date of joining (extendable upto one more year).
<b>Leave eligibility</b>	One day per month.
<b>Qualification</b>	<b>Essential</b> Bachelors degree in any discipline from a recognized University/ Institute with computer knowledge.

<b>Venue, Date and time of Walk-in-test</b>	<b>Venue:</b> ,SPICES BOARD Regional office,Baruipur,Amtala Road,Bamungachi,Baruipur,Kolkata-700145, Ph.No:-033-24230012/ 9443801838 <b>Date:</b> 05.04.2023 <b>Time:</b> 11.30 am
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**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
- o 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: 7<sup>th</sup> March, 2023.**

**Director(Admn.)i/c**

**Kochi-25.**

**Hindi version follows:-**

**Annexure - I**

The details to be filled with subject as “**Application for .....**”

1.	Name:				
2.	Father/Guardian Name:				
3.	Sex:				
4.	Date of Birth:				
5.	Marital status:				
6.	Religion:				
7.	Category(SC/ST):				
8.	Nationality:				
9.	ID proof:				
10.	Phone no.: Alternate no.:				
11.	Email id:				
12.	Address for communication:				
13.	Permanent Address:				
14.	Educational Qualification(Copies may be enclosed as attachment):				
	Exam	Subject	University/ Institute	Year of passing	Percentage/ GPA
15.	Details of experience(if any)(copies may be enclosed as attachment):				
16.	Any other relevant 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)