## **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 TRAINEES IN QUALITY EVALUATION LABORATORY (QEL) OF ICRI, MYLADUMPARA, SPICES BOARD

Trainees	Trainee Analyst Chemistry - One (1) No.		
Category	General		
Stipend	Rs.22,000/- per month		
Training Location	ICRI, Myladumpara		
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: MSc degree in Chemistry from a recognised University/Institute with computer knowledge.  Desirale: 2 year experience in handling GC, GCMSMS and ogther sphisticated equipemnts		
Venue, Date and time of Walk-in-test	Venue: Spices Board Head Office Sugandha Bhavan, N.H. By Pass, Palarivattom, Kochi – 682 025 Tele: 0484-2333610 to 616  Date: 13.03.2023 Time: 10.30 AM		

## **Instructions to candidates:** Eligible candidate appearing for the test should fillin and sign the form placed as Annexure I of this notice and bring along with all necessary documents given below: passport size color photograph, 0 original certificates for: 0 Identity proof (Voter card, Aadhaar card etc.), proof of age, proof of education and training, Caste Certificate, One set of attested photocopies of the 0 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: 3<sup>rd</sup> March, 2023 Director (Res)

Kochi.

Hindi Version follows

## The details to be filled with subject as "Application for " Selection of Trainee Analyst (Chemistry) / SRD Trainee.

1.	Nam	e:				
2.	. Father/Guardian Name:					
3.	. Sex:					
4.	Date of Birth:					
5.	Mari	tal status:				
6.	Reli	gion:				
7.	Category(SC/ST):					
8.						
9.	ID proof:					
10.	Phone no.:					
	Alternate no.:					
11.	Ema	il id:				
12.	Add	ress for communication:				
17	D					
13.	13. Permanent Address:					
14.	4. Educational Qualification(Copies may be enclosed as attachment):					
Ex	am	Specialisation/Subject	University/	Year of passing	Percentage/ GPA	
			Institute			
15	Deta	ils of experience(if any)				
10.						
	(copies may be enclosed as					
	attachment):					
16.	16. Any other relevant information:					
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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)