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

ADM/APP/01/2018-19/AccountsTrainee

## WALK IN TEST FOR SELECTION OF ACCOUNTS TRAINEE IN SPICES BOARD, KOCHI

Notification No. 29/2025 [ Exclusively for Scheduled Caste(SC)/ Scheduled Tribe(ST) candidates ]

No. of Trainees required	02(Two) Nos.		
	(A panel will be prepared for selection of trainees for future		
	requirements.)		
Category	SC/ST.		
Stipend	Rs.20,000/- per month.		
Training Location	Spices Board Head office, Kochi		
Method of selection	Walk-in-test.		
Age	Upper age limit should not exceed 30 years as on the date of walk-intest.		
Tenure of Training	One year from the date of joining (extendable for one more year ).		
Leave eligibility	One day per month.		
Qualification	Bachelor of Commerce Knowledge in handling MS Office – Excel Knowledge in Bank reconciliation, Computerized Accounting  Candidates undergone training in any office of Spices Board are not eligible to apply, regardless of whether the training is completed or not.		

Venue, Date and time of Walk-in-test	SPICES BOARD HEAD OFFICE, SUGANDHA BHAVAN, N.H BY PASS, PALARIVATTOM, KOCHI-682025, KERALA, PH:0484-2333610-616
	Date: 11 <sup>th</sup> September 2025 Time: 10.30 AM Reporting Time: 9.30 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:
	The number of trainees indicated is provisional and may vary at the time of selection.
	The selection as Trainee Analyst in Spices Board is only a training and under no circumstances are linked to regular appointments and cannot be regularized at any stage.
	The Validity of the rank list shall be for Two Years only.

Date: 26/08/2025 Director(Admn.)i/c

Kochi-25.

The details to be filled with subject as "Application for Selection of Accounts Trainee"

	<i>y</i>			
1.	Name:			
2.	Father/Guardian Name:			
3.	Gender:	Male Female	Transgender	
4.	Date of Birth:(DD/MM/YY)			
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:			
10.	2 ormaniono radar ossi			
14.	14. Educational Qualification(Copies may be enclosed as attachment):			
Ex	xam 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				
hereby declare that the information furnished above are true, complete and correct to the				
pest of my knowledge and belief. I am in possession of the documents in proof of the claim				
nade in this application.				

Date:	(Signature)
Place:	(Name)