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:07/2023

WALK IN TEST FOR THE SELECTION OF SRD TRAINEES IN SPICES BOARD REGIONAL OFFICE(RO), MUMBAI.

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

SRD Trainee	One (01) No.				
	(A panel will be prepared for future requirements)				
Category	SC/ST.				
Stipend	Rs.20,000/- per month.				
Training Location	R.O,Mumbai.				
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				
	Bachelors degree in any discipline from a recognized				
	University/ Institute with computer knowledge.				

Venue, Date and time of Walk-in-test	Spices Board Regional Office, EL-184, TTC Industrial Area, Mahape Navi Mumbai -400 710	
	Ph No. 91- 27630035/36/37/38	
	DATE -10 th August 2023 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 notice and bring along with all necessary documents given below:			
	• 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: 20th July, 2023 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.	Mari	tal status:				
6.	Relig	ion:				
7.	Cate	gory(SC/ST):				
8.	Natio	onality:				
9.	ID pr	roof:				
10 Phone no.:						
•	Alternate					
	no.:					
11	Emai	l id:				
12	Addr	ress for communication:				
•						
13	13 Permanent Address:					
•						
14	Educ	ational Qualification(Copies	may be enclosed a	s attachment):		
Ex	am	Subjec t	University/ Institute	Year of passing	Percentage/ GPA	
		ι	Institute			
15	Deta	ils of experience(if any)				
•	· (copies may be enclosed as					
	attac	hment):				
16 Any other relevant information:						
•						
			I			

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: Place: (Signature) (Name)