

Consultant: Retired Scientists

Application for Engaging as Consultant in Spices Board
(Ministry of Commerce & Industry, Department of Commerce), Govt. of India.

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|----|--|---------------------------------------|--|
| 1 | Name of the position applied for (please ✓the position applied) | Consultant: Retired Scientists | |
| | | (Pay Matrix:) | |
| | | Level 11 | |
| | | Level 12 | |
| 2 | Full Name (In block letters) | | |
| 3 | Father's/Husband's Name | | |
| 4 | Date of Birth | | |
| 5 | Contact details | Mobile No./Tel. No. | |
| | | Email ID | |
| 6 | Address for communication | | |
| | | Pin Code | |
| 7 | Age as on 01.10.2023 | | |
| 8 | Educational qualification (enclose copy of self attested copy of certificates) | | |
| 9 | Experience and Achievements (Details with supporting documents) | | |
| 10 | Date of joining of Government service | | |
| 11 | Date of retirement | | |
| 12 | Designation and office from which retired | | |
| 13 | Last Pay drawn | | |
| 14 | PPO No.(Please attach copy of PPO) | | |
| 15 | Monthly Pension | | |

| 16 | Details of computer knowledge | | | | | |
|---------|---|---------------------|--------|----|----------------|---------|
| 17 | Brief particulars of experience in the format below in a separate sheet - designation wise (Please attach supporting documents) | | | | | |
| Sl. No. | Designation and office in which service rendered | Department/ Section | Period | | Nature of work | Remarks |
| | | | From | To | | |
| | | | | | | |
| | | | | | | |

I hereby declare that the particulars furnished above are true and correct to the best of my knowledge and belief. I understand and agree that in the event of any information given above found false or incorrect/incomplete or ineligibility being detected at any time before or after the selection/interview, my candidature is liable to be rejected and I shall be bound by the decision of the Spices Board. I have read all the terms and conditions above and I am ready to accept all the terms and conditions for engagement of Consultants.

Signature :
(Full name of the applicant) :

Place

:

Date: