



KUDUMBASHREE BROILER FARMERS'  
PRODUCER COMPANY LTD.

**KUDUMBASHREE BROILER FARMERS' PRODUCER COMPANY LTD.**

Regd Office: DOT SPACE BUSINESS CENTRE

TC 24/3088, Usha Sandya Building

Kowdiar, Dewasom Board Road, Thiruvananthapuram 695033

CIN : U01100KL2019PTC057331, GSTIN/UIN : 32AAHCK5583G1ZG

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kudumbashreebfpc@gmail.com

www.keralachicken.org.in

023/HR/2022/KBFPCL

19.02.2022

### Notification-OFFICE ASSISTANT

Kudumbashree Broiler Farmers' Producers Company Limited intends to take up Office Assistant for one year on contract basis. Interested candidates shall send their resume along with duly filled application form and self-attested copies of relevant certificates to The Chairman & Director, Kudumbashree Broiler Farmer's Producer Company Limited, TRIDA Rehabilitation Building, Medical College P.O Thiruvananthapuram, Pincode 695011 on or before 09/03/2022, 5.00 PM. The envelope should be superscribed with 'Application for the post of Office Assistant'. To download notification and application form please visit [www.keralachicken.org.in](http://www.keralachicken.org.in). **Only hard copy of the application will be accepted.** The list will be valid for one year.

**Number of post: 1**

**Essential Qualification:** Plus Two.

**Desirable Qualification:** Certification in MS-Office.

**Consolidated Pay:** Rs 12,000 per month.

**Age Limit:** Below 30 years as on 01.02.2022

#### Roles and Responsibilities

- To maintain files, records and office registers.
- Recording information as needed.



## APPLICATION FORM

Paste your recent passport size photograph

1. Name of the Post Applied for: .....

2. Full Name of the Candidate: .....  
(In Capitals)

3. Date of Birth: 

Day	

Month	

Year			

4. Gender: (Write '1' for Male, '2' for Female)

5. Marital Status: .....

6. Father's/Husband's Name: .....

7. Mailing Address (in block letters): .....

.....  
..... Pin Code: .....

Tel. No. : ..... Mobile: .....

E-mail ID (if any): .....

8. Nationality: .....

9. All Educational Qualifications including Training Courses ( Tenth Standard onwards):

Level	Year of passing	Name of Institution	Board/University	Subject	Grade/Percentage of Marks

10. Brief professional experience:

Name of Organisation	Designation	Exact dates to be given (indicate day, month & year)		Total Period (in years)			Salary	Nature of duties
		From	To	Years	Months	Days		

11. Any other relevant information:

.....

12. Details of enclosures:

- 1) .....
- 2) .....
- 3) .....

I hereby declare that all the statements made in the application are true and complete to the best of my knowledge and belief. I do not have any statutory impediment to apply or work for the above cited post.

Date:

**Signature of candidate**

Place:

Name & Address: