

KERALA FEEDS LIMITED
Kallettumkara, Thrissur Dist. Pin : 680 683

Walk-in-interview is scheduled to be conducted on 09.06.2025 from 11.00am for engagement as Veterinary Doctor (Quality Control) on contract basis.

Duration : Two years

- The interested candidates may appear before the selection committee with all their Original Certificates / Mark Sheets with an attested photocopy of each of it, any photo identity card in original with photocopy of it, and a recent passport size photograph along with updated resume / filled in application form attached herewith as per details mentioned below.
- Candidates not fulfilling eligibility criteria shall not be considered for the selection process.
- No TA / DA shall be provided for attending interview.
- The decision of the Managing Director will be final in this regard and no appeal will be entertained.

| | Age (as on 01.05.2025) | Qualification |
|--|---|---|
| Veterinary Doctor (Quality Control) on contract basis | 18-41 (usual relaxation to SC/ST/OBC) | BVSc from a recognized university with minimum one year post qualification experience. Post Graduate Degree in Animal Nutrition would be a desirable qualification. |

**Venue for the Interview : Kerala Feeds Ltd, Arikuzha Unit, Thodupuzha,
Idukki**

Date : 09.06.2025

Procedure : Registration & Certificate verification : 10.00am to 11.00am
Interview : 11.00am

KERALA FEEDS LIMITED, KALLETTUMKARA

APPLICATION FOR THE POST OF :

Name :

Address for Correspondence :

Permanent Address :

Father's Name :

Age & Date of Birth :
(as on 01.05.2025)

Sex :

Marital Status :

Religion & Caste :

Nationality :

Languages known :

Mobile No. :

E mail Id :

Educational Qualification :

| Qualification | Year of Passing | University / Name of Institution | Percentage of Marks |
|---------------|-----------------|----------------------------------|---------------------|
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Experience if any :

| Name of Organization | Period | | Designation | Present / Last salary |
|----------------------|--------|----|-------------|-----------------------|
| | From | To | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

References :

1.

2.

Place :

Signature :

Date :

Name :

Note : Please attach self-attested copies of certificates to prove your age, qualification, experience etc.