



# WEST BENGAL STATE AGRICULTURAL MARKETING BOARD

[A Statutory Body under Agricultural Marketing Department, Government of West Bengal]

'Kamal Guha Krishi Bipanan Bhawan'

729, Anandapur, Kolkata - 700 107, West Bengal,

☎: +91 9147133228

Website: [wbagrmarketingboard.gov.in](http://wbagrmarketingboard.gov.in) // Email: [wbstatemarketing@yahoo.co.in](mailto:wbstatemarketing@yahoo.co.in)

NIA No. WBSAMB/CEO/03/2024-2025

Dated: 06.02.2025

## NOTICE

The West Bengal State Agricultural Marketing Board, Kamal Guha Krishi Bipanan Bhawan, 729, Anandapur, Kolkata 700 107 intends to recruit against the vacancy mentioned below on contractual basis by selection through Walk-in-Interview.

| Sl. No. | Name of the Post                | No. of Post | Eligibility Criteria                                                                                            | Age                    | Consolidated Remuneration                                                                       |
|---------|---------------------------------|-------------|-----------------------------------------------------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------|
| 1       | 2                               | 3           | 4                                                                                                               | 5                      | 6                                                                                               |
| 1.      | Executive Engineer (Civil)      | 2           | Retired employee of State/Central Govt. or its Parastatal not below the rank of Executive Engineer (Civil)      | Not More than 62 years | Consolidated pay equivalent re-employment pay (i.e last pay drawn – pension before commutation) |
| 2       | Executive Engineer (Electrical) | 1           | Retired employee of State/Central Govt. or its Parastatal not below the rank of Executive Engineer (Electrical) | Not More than 62 years | Consolidated pay equivalent re-employment pay (i.e last pay drawn – pension before commutation) |

Last date of submitting application with self attested copies of all requisite documents addressed to the Chief Executive Officer, West Bengal State Agricultural Marketing Board by registered post / e-mail ([wbstatemarketing@yahoo.co.in](mailto:wbstatemarketing@yahoo.co.in)) is 28.02.2025 upto.5.00 P.M.

Sort listed applicants who may be called for interview will be informed on due course.

Chief Executive Officer

West Bengal State Agricultural Marketing Board

# Application for the post of ..... in West Bengal State Marketing Board

(Affix passport size recent colour photograph duly self attested, crossed over the photograph)

Notice No.....

Date .....

| 1       | Name of the Applicant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                             |                                                  |                                                                                             |  |         |                                                  |                             |                                                  |                                                                                             |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |
|---------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|--------------------------------------------------|---------------------------------------------------------------------------------------------|--|---------|--------------------------------------------------|-----------------------------|--------------------------------------------------|---------------------------------------------------------------------------------------------|----|--|--|--|--|----|--|--|--|--|----|--|--|--|--|
| 2       | Address in full ( <i>Address proof to be attached</i> )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                             |                                                  |                                                                                             |  |         |                                                  |                             |                                                  |                                                                                             |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |
| 3       | Son / daughter / wife of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |                                                  |                                                                                             |  |         |                                                  |                             |                                                  |                                                                                             |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |
| 4       | Email ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |                                                  |                                                                                             |  |         |                                                  |                             |                                                  |                                                                                             |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |
| 5       | Contact Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                             |                                                  |                                                                                             |  |         |                                                  |                             |                                                  |                                                                                             |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |
|         | Aadhar Number ( <i>copy of Aadhar to be attached</i> )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                             |                                                  |                                                                                             |  |         |                                                  |                             |                                                  |                                                                                             |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |
| 6       | <div> <div>Academic Qualification<br/>(if needed, can add row below)<br/>(<i>copies of mark sheet / certificate to be attached for each of examination or degree from Graduation onwards</i>)</div> <table border="1"> <thead> <tr> <th>Sl. No.</th> <th>Name of University examination / Degree acquired</th> <th>Year of passing</th> <th>Score</th> <th>Subject covered</th> </tr> </thead> <tbody> <tr> <td>a)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>b)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>c)</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> </div>                                                                            |                             |                                                  |                                                                                             |  | Sl. No. | Name of University examination / Degree acquired | Year of passing             | Score                                            | Subject covered                                                                             | a) |  |  |  |  | b) |  |  |  |  | c) |  |  |  |  |
| Sl. No. | Name of University examination / Degree acquired                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Year of passing             | Score                                            | Subject covered                                                                             |  |         |                                                  |                             |                                                  |                                                                                             |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |
| a)      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                             |                                                  |                                                                                             |  |         |                                                  |                             |                                                  |                                                                                             |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |
| b)      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                             |                                                  |                                                                                             |  |         |                                                  |                             |                                                  |                                                                                             |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |
| c)      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                             |                                                  |                                                                                             |  |         |                                                  |                             |                                                  |                                                                                             |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |
| 7       | <div> <div>Past Experience in the field as sought for: (<i>if needed, can add row below</i>)<br/>(<i>copy of experience to be attached – order / PPO</i>)</div> <table border="1"> <thead> <tr> <th>Sl. No.</th> <th>Duration of Work (from – to)</th> <th>Total experience (in years)</th> <th>Specific roles in the job / service / assignment</th> <th>Any specific role / act for which the organization / institution / department has benefited</th> </tr> </thead> <tbody> <tr> <td>a)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>b)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>c)</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> </div> |                             |                                                  |                                                                                             |  | Sl. No. | Duration of Work (from – to)                     | Total experience (in years) | Specific roles in the job / service / assignment | Any specific role / act for which the organization / institution / department has benefited | a) |  |  |  |  | b) |  |  |  |  | c) |  |  |  |  |
| Sl. No. | Duration of Work (from – to)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Total experience (in years) | Specific roles in the job / service / assignment | Any specific role / act for which the organization / institution / department has benefited |  |         |                                                  |                             |                                                  |                                                                                             |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |
| a)      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                             |                                                  |                                                                                             |  |         |                                                  |                             |                                                  |                                                                                             |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |
| b)      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                             |                                                  |                                                                                             |  |         |                                                  |                             |                                                  |                                                                                             |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |
| c)      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                             |                                                  |                                                                                             |  |         |                                                  |                             |                                                  |                                                                                             |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |
| 8       | Computer Proficiency, if any                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                             |                                                  |                                                                                             |  |         |                                                  |                             |                                                  |                                                                                             |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |
| 9       | <p>I certify that,<br/>All the above statements with enclosures mentioned hereinabove, are true to the best of my knowledge and I agree to accept the cancellation of my candidature, at any time, if found false in my statements, mentioned herein above.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                         |                             |                                                  |                                                                                             |  |         |                                                  |                             |                                                  |                                                                                             |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |

Date:

Place:

Signature in full