

## **ANNEXURE-II**

Requisition Form to be used by Establishments in the State Government Sector when calling for applicants from Employment Exchanges.

(Separate Form is to be used for each type of vacancy)

- 1.Name& Address of the Employer :
2. Telephone Number :
- 3.Nature of vacancy  
  - (a) Type of workers required :
  - (Designation)
  - (c) Qualifications  
Essential :
  - Desirable
  - (d) Age limits if any :
  - Normal relaxation(s) allowed,  
If any,
  - (e) Whether women are eligible :
  - (f) Whether and if so to what extent  
the qualifications and conditions  
Mentioned above can be relaxed in  
case candidates who fully confirm to  
the specified requirements are available
4. Number of vacancies :  
  - a) Regular :
  - b) Temporary :  
    - i) Temporary likely to continue beyond  
one year :
    - ii) temporary between 3 months and  
one year :
    - iii)Temporary less than 3 months :
  - Total :

5. Pay and allowances

Scale of pay	D. P	D.A	HRA	Other allowances	Total emoluments	Allowances in kind

- 6 . Place of work( Village / Town/District. :  
 Nearest Railway Station.  
 Actual place of work.
7. Probable date by which the vacancy(ies) :  
 will be filled :
8. Particulars regarding interview :  
 a) Date of interview/test :  
 b)Time of interview/test :  
 c)Place of interview/test :  
 d) Name, designation and address of the person  
 to whom applicants should
9. Whether there is any obligation or arrangements  
 for giving performance to any category of  
 persons in filling up of vacancies.
10. Any other relevant information  
 a) Whether willing to wait and consider applicants  
 from other area in case  
 Applicants are not available locally  
 b) If 'Yes:'whether and if that travelling  
 Allowance facilities ( if any) are admissible  
 to applicants.  
 c) Provision for pension/PF  
 d) Probationary Period :  
 e) Pay & Allowance during probation :  
 f) Hours of work . holidays, shifts etc :  
 g) Promotion opportunities :  
 h) Housing facilities :  
 i) Living condition at the place of work :  
 j) Educational facilities at the place of work :  
 k) Medical facilities at the place of work :  
 l) Any other information at the place of work :

Certified that this indent is in accordance with instruction contained in  
 Memo No.SD2-80414/58-1 Pub.(Services-D) Department dated 04.12.58 of  
 Government of Kerala.

**Signature of the Employer**

**Date:**

**Name & Designation**

**To**