### **NOTIFICATION**

Applications are invited from qualified candidates for the post of Accounts Officer for handling the accounts of all **SUBSIDIARY CENTRAL POLICE CANTEENS** in Kerala Police Department.

1. Department : SUBSIDIARY CENTRAL POLICE CANTEENS

2. Name of Post : Accounts Officer

3. Remuneration : ₹40,000/-

4. Number of Vacancy : 1

5. Method of appointment : Direct Recruitment

6. Way of selection : Interview

7. Age limit : 25 - 55

8. Qualifications : M. Com./CA/CS/ICWA

9. Experience : Experience in handling Accounting Software and should

have work experience of at least 3 years in any firm.

10. Place of Posting : Thiruvananthapuram

11. Duration of Appointment: 3 years

10. Last date for submission

of Application : 31/05/2021

**Note:** Candidates will be responsible for monitoring the financial systems of police canteens and for conducting of internal audit of the canteens. They will be asked to design internal control mechanism for improving transparency and accountability. They should also be willing to travel as they have to conduct audit of accounts of police canteens throughout Kerala. Appropriate candidates shall be selected on the basis of an online interview. The date and venue will be intimated through email or over phone.

Interested candidates shall send their Application letter, duly filled up Bio-data and attested copies of certificates proving their qualifications & experience, to the Additional Director General of Police (HQ) & Chairman, Central Management Committee of Subsidiary Central Police Canteen, Police Headquarters, Thiruvananthapuram on or before **31/05/2021**, 5.00pm, by email j4sectionphq@gmail.com.

## **BIO-DATA**

1. Name	:	Photo
2. Father's / Husband's Name	:	
3. Date of Birth	:	
4. Marital Status	:	
5. Nationality	:	
6. Religion	:	
7. Caste	:	
8. Permanent Address	:	
	:	
	:	
	:	
9. Address for Communication	:	
	:	
	:	
	:	
10. Contact Details		
Telephone No. (with STD)	:	
Mobile No.	:	
E-mail Id	•	

## 11. Educational Qualifications:

Sl.	Qualification   Doord /University		Year of	Total	Mark
No.	Qualification	Board/University	Passing	Mark	%

## 12. Past Employment Experience:

Sl.No	Designation	Date of Joining	Date of Leaving	Reason for Leaving	Any other Relevant Information

# **Declaration**

Ι	(Name) hereby de	eclare that the
above particulars are true and correct	t to the best of my	knowledge and
belief and if the event of any information	· ·	or incorrect, my
candidature will be liable to be cancelled	d.	
ъ.		
Date:		
Place:	Signature	