



KERALA STATE WAREHOUSING CORPORATION
(Established By Government of Kerala)

No.KSWC/Admn/FSC/2024-25

Date: 29.01.2025

NOTIFICATION

Applications are invited for “**Fire Safety Consultant**” in Kerala State Warehousing Corporation for a period of one year from persons having the following qualifications.

Qualification : Graduate with Diploma in Fire and Industrial Safety Management
Experience : 3 years in Major Industrial Sector
No. of Posts : One
Pay : ₹25,000/- per month
Period of Contract : One year
Age Limit : 45 years as on 01.01.2025

Application:

Candidates should forward their applications in the prescribed format (attached) along with self-certified copies of documents to prove age, qualification and experience. Candidates will have to appear for an interview at their own expense at the place and date intimated by the Corporation.

Applications received after last date will not be accepted. The envelope containing the application should be super scribed “Application for the post of Fire Safety Consultant”. The applications which are incomplete will be rejected.

The applications for the above post should reach the “**Managing Director**”, Kerala State Warehousing Corporation, Warehousing Corporation Road, Near South Railway Station, Ernakulam – 682 016 on or before 11.02.2025

For further clarifications please contact Administration Section, Head Office, Ernakulam.

Phone No: 0484 2375537, 2376269, 9495221978

Email: admnskwc@gmail.com

Sd/-
Managing Director



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Application Form for "Fire Safety Consultant" on contract basis

1. Full Name : _____

(in Capital letters)

2. Father's Name : _____

3. Address for correspondence with PIN Code :

(in **Capital letters**) _____

4. Date of Birth : _____ (Enclose self attested age proof)

5. Sex: : Male Female Others

6. Religion : _____ Caste: _____

7. Marital Status : Married Unmarried

**Affix recent
passport size
Photograph**

**Sign across the
photograph**



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8. Nationality : _____

9. E-mail id : _____

10. Phone/Mobile No. : _____

11. Educational Qualification: **(Enclose self attested copies of Certificates)**

Qualification	Percentage of marks	Year of Passing	University /Board

12. Experience: **(Enclose self-attested copies of Certificates)**

Name of the Organization	Designation	Nature of duties	Period		Duration
			From	To	



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Declaration:

I hereby declare that all statements made in the application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found untrue/false/incorrect or I do not satisfy the eligibility criteria, my candidature/ training will be cancelled/terminated, without assigning any reasons thereof. I have read the contents of the advertisement and agree to abide by the Rules, Regulations and procedures for engagement to the post applied for.

Signature of Applicant

Date:

Place: