



**HINDUSTAN ORGANIC CHEMICALS LIMITED**  
**(A Government of India Enterprise)**  
**Ambalamugal P.O., Ernakulam Dist., Kerala-682302**

**ENGAGEMENT OF TRADE APPRENTICES**

Hindustan Organic Chemicals Limited, Ambalamugal, Kochi invites Online applications through (Apprenticeship Training Portal – apprenticeshipindia.gov.in) from eligible ITI holders, passed during the years 2022, 2023, 2024, 2025 & 2026 for undergoing Apprenticeship Training under the Apprentices Act, 1961.

**CATEGORY – TRADE APPRENTICES (ITI holders)**

Sl. No.	Discipline/ Subject Field	Vacancy	Reservation						Monthly Stipend (in Rs.)	Duration of Training	Educational Qualification
			UR	SC	ST	OBC	EWS	Total			
1	Fitter	9	4	1	-	3	1	9	Rs.10,560/-	01 year	ITI - Fitter
2	Machinist	1	1	-	-	-	-	1	Rs.10,560/-	01 year	ITI - Machinist
3	Welder	1	1	-	-	-	-	1	Rs.10,560/-	01 year	ITI - Welder
4	Mechanic Diesel	1	1	-	-	-	-	1	Rs.10,560/-	01 year	ITI - Mechanic Diesel
5	Electrician	1	-	-	-	1	-	1	Rs.10,560/-	01 year	ITI - Electrician
6	Instrument Mechanic	1	-	-	-	1	-	1	Rs.10,560/-	01 year	ITI - Instrument Mechanic
	Total	14	7	1	-	5	1	14			

**1. Minimum Educational Qualification**

**A. Trade (ITI) Apprentices – Full Time Course**

- ITI (National Trade Certificate issued by NCVT or State Trade Certificate issued by SCVT) granted by an Institution recognized by the State Government or Central Government in any one of the above respective trades.
- B. Those candidates having qualifications equivalent to any of the prescribed qualifications should submit Equivalency Certificate issued by the competent authority and without such certificate, their candidature will not be considered.
- C. The candidates should have obtained minimum 60% marks in the qualifying examination. In the case of SC/ST/PwBD Candidates the requirement of 1st Class / 60% Marks in the qualifying examination is relaxed to 2nd Class / 50% Marks.

**2. AGE: Above 18 years old as on 01.01.2026**

**3. RESERVATION OF VACANCIES: Government of India Directives on reservation applicable for Scheduled Caste (SC)/Scheduled Tribe (ST)/Other Backward Class (OBC) / Economically Weaker Sections (EWS)/ Persons with Benchmark Disabilities (PwBD) will be followed. The formats of these certificates are available in our website. Other formats will not be considered.**

**4. MINIMUM PHYSICAL STANDARDS: As prescribed in Clause 4 of the Apprenticeship Rules 1992, and amendments thereof if any.**

5. **PREVIOUS TRAINING:** Candidates who have already undergone or are currently undergoing Apprenticeship Training under Apprentices Act in any Government or Public Sector or Private Organization are NOT ELIGIBLE to apply.

The category/ reservation claimed during the initial online submission of application only will be considered. The candidates should produce the relevant certificate as per Govt. standards from certificate issuing authority in support of the category/reservation claimed, at the time of verification of documents failing which their claim for reservation will not be considered, and consider as 'Unreserved' category only.

**6. SELECTION PROCEDURE:**

Short-listing of candidates for selection will be done based on the percentage of marks obtained in the minimum prescribed qualification as applicable to the respective disciplines. The short listed candidates will be called for verification of original certificates/documents followed with Written Test/ Skill Test/ Interview. Candidates short-listed for the certificate verification should bring the original certificates towards the proof of age, qualification, caste, disability etc and self attested copies of all these certificates and their candidature shall be considered on the strength of the original certificates. In case of failure to produce the original certificates, the candidature shall be rejected. Those candidates who successfully complete certificate verification/ Written Test/ Skill Test/ Interview shall be provisionally considered for selection against the notified training seats in the order of merit/reservation, subject to Medical fitness.

**7. APPLICATION FEE: - NIL**

**8. PROCEDURE FOR REGISTRATION AND SUBMISSION OF APPLICATION THROUGH APPRENTICESHIP TRAINING PORTAL:**

<p>For Students who have already enrolled in the Apprenticeship Training portal and having login details</p>	<p>For students who have so far not enrolled in the Apprenticeship Training portal</p>
<p>After verification of candidate enrollment by MSDE, a student will be able to login and apply.</p> <p><b>Step 1 :</b></p> <ol style="list-style-type: none"> <li>a. Login – User ID &amp; Password</li> <li>b. Click Apprenticeship Opportunities</li> <li>c. Choose Course, Location etc</li> <li>d. Type Establishment Name “Hindustan Organic Chemicals Limited” and click on search <u>Establishment Code in Portal- E07203200009</u></li> <li>e. List of Trades available in the organization will be displayed</li> <li>f. Click Apply - against the respective trade</li> </ol>	<p><b>Step 1:</b></p> <ol style="list-style-type: none"> <li>a. Go to <a href="https://www.apprenticeshipindia.gov.in/">https://www.apprenticeshipindia.gov.in/</a></li> <li>b. Click Enroll under “Candidate”</li> <li>c. Complete the Registration procedure (Qualification Certificate, Govt ID Proof, Bank Pass Book, Photo, Resume etc required)</li> <li>d. Aadhaar verification should be done.</li> <li>e. A unique Enrollment Number will be generated for the candidate after verification by MSDE</li> </ol> <p>Please note : Please wait for at least one day for Enrollment verification and approval. After this, candidate can proceed to Step 2.</p> <p><b>Step 2:</b></p> <ol style="list-style-type: none"> <li>a. Login – User ID &amp; Password</li> <li>b. Click Apprenticeship Opportunities</li> <li>c. Choose Course, Location etc</li> <li>d. Type Establishment Name “Hindustan Organic Chemicals Limited” and click on search <u>Establishment Code in Portal- E07203200009</u></li> <li>e. List of Trades available in the organization will be displayed</li> <li>f. Click Apply - against the respective trade</li> </ol>

In case of any issues/queries related to Apprenticeship Training portal, you may please contact RI Centres/ RDSDE Trivandrum OR you can check the Candidate User Manual from the "Get Started Menu" in the Home Page.

Candidates must submit their applications exclusively through the portal apprenticeshipindia.gov.in. Applications submitted through any other method or platform will not be considered for the selection process.

#### 9. GENERAL

- a) **Candidates are advised to make sure that they are meeting the eligibility requirements as per the vacancy notification before submitting the applications.**
- b) HOCL reserves the right to call for any additional documentary evidence from applicants in support of educational qualification / other notified eligibility requirements as indicated in their online application, and information / replies to such queries should be only through the e-mail [pad.kochi@hoclindia.com](mailto:pad.kochi@hoclindia.com). Replies to any such queries received after the stipulated date and time shall not be considered, and no further correspondence shall be entertained in this regard.
- c) No correspondence regarding the rejection of application in case of ineligibility shall be entertained.
- d) Call letters for Certificate Verification/Written Test/Skill Test/ Interview shall not be sent to short-listed candidates by post. They shall be informed by e-mail or through publication on our website [www.hoclindia.com](http://www.hoclindia.com). Candidates shall frequently verify e-mail/website for updates
- e) Mere submission of application through NATS portal and issue of call letter shall not confer any right to the applicant of acceptance of candidature or cannot be construed as an acknowledgement of fulfilling the eligibility criterion.
- f) Appointment of selected candidates will be subject to verification of character and antecedents and verification of caste/disability certificates if applicable.
- g) **TRAVEL EXPENSES:** No travel expenses are admissible during apprenticeship training period.
- h) **BOARDING/LODGING** The selected apprentices will be provided with accommodation if available as per company policy and subsidized canteen facility during office hours only.
- i) Upon completion of the Apprenticeship period, HOCL shall have no obligation to offer employment to such apprentices nor can an apprentice claim right for employment on the grounds of completion of Apprenticeship.
- j) The number of training seats indicated in this notification is based on existing requirement and shall vary depending on the future requirements.
- k) Notwithstanding the above or any other conditions, HOCL reserves the right not to fill up the training seats notified. Further, the filling up of the notified training seats shall be subject to the suitability of candidates in the rank list and availability of training facilities. HOCL reserves the right to restrict/ alter/cancel/modify the recruitment process, if need so arises.
- l) Candidate should ensure that marks are entered correctly. In the event of difference between entered marks and mark sheet uploaded, the application will be summarily rejected.
- m) If at any stage it is found that any information furnished is false/ incorrect or there has been suppression of facts and information, the candidate shall not be considered for selection and candidature/appointment will be cancelled/ rejected without further notice.
- n) Any legal proceedings in respect of any claim or dispute arising out of this advertisement and/or an application in response thereto and selection process thereafter can be instituted only in the Courts/Tribunals/Forums at Ernakulam and such Courts/ Authorities shall have sole and exclusive jurisdiction.
- o) Any amendment, modification or addition to this advertisement will be given in HOCL's website only.
- p) **For any further clarification, please contact us via e-mail [pad.kochi@hoclindia.com](mailto:pad.kochi@hoclindia.com).**

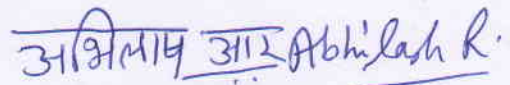
#### 10. IMPORTANT DATES :

**Commencement of Online Application : 26.05.2026**

**Last Date of Online Application : 08.06.2026**

**"CANVASSING IN ANY FORM WILL BE A DISQUALIFICATION"  
"ONLY INDIAN NATIONALS NEED TO APPLY"**

22.05.2026

  
CHIEF MANAGER (HR)

Form of Certificate to be produced by a candidate belonging to Scheduled Caste or Scheduled Tribe in support of his/her claim

**FORM OF CASTE CERTIFICATE**

This is to certify that Shri/Smt.\* /Kum\* .....  
Son/Daughter\* of ..... of village/town\*  
..... in District/Division\* ..... of  
the State/Union Territory\* ..... belongs to  
the ..... Caste/Tribe\* which is recognized as a Scheduled  
Caste/Scheduled Tribe\*.

Under:

- The Constitution (Scheduled Castes) Order, 1950.
- The Constitution (Scheduled Tribes) Order, 1950.
- The Constitution (Scheduled Caste) (Union Territories) Order, 1951.
- The Constitution (Scheduled Tribe) (Union Territories) Order, 1951.

(As amended by the Scheduled Castes and Scheduled Tribes Lists (Modification) Order, 1956, the Bombay Reorganization Act, 1960, the Punjab Reorganization Act, 1966, the State of Himachal Pradesh Act, 1970, the North Eastern Areas (Reorganization) Act, 1971 and the Scheduled Castes and Scheduled Tribes Orders (Amendment) Act, 1976).

- The Constitution (Jammu and Kashmir) Scheduled Castes Order, 1956.
- The Constitution (Andaman & Nicobar Islands) Scheduled Castes Order, 1956.
- The Constitution (Dadra and Nagar Haveli) Scheduled Castes Order, 1962.
- The Constitution (Dadra and Nagar Haveli) Scheduled Tribes Order, 1962.
- The Constitution (Pondicherry) Scheduled Castes Order, 1964.
- The Constitution (Scheduled Tribes) (Uttar Pradesh) Order, 1967.
- The Constitution (Goa, Damon & Diu) Scheduled Castes Order, 1968.
- The Constitution (Goa, Damon & Diu) Scheduled Tribes Order, 1968.
- The Constitution (Nagaland) Scheduled Tribes Order, 1970.
- The Constitution (Sikkim) Scheduled Castes Order, 1978.
- The Constitution (Sikkim) Scheduled Tribes Order, 1978.
- The Constitution (Jammu & Kashmir) Scheduled Tribes Order, 1989.

.....2/-

**Application in the case of Scheduled Caste/Scheduled Tribe persons who have migrated from one State / Union Territory**

This Certificate is issued on the basis of the Scheduled Caste/Scheduled Tribe certificate issued to Shri/Smt.\* ..... father/mother of Shri/Smt\* ..... of Village/Town\* ..... in District/Division\* ..... of the State/Union Territory\* ..... who belongs to the ..... Caste/Tribe\* which is recognized as a Scheduled Caste/Scheduled Tribe in the State/Union Territory\* ..... issued by the ..... (Name of the prescribed authority) vide their No. .... dated .....

% (2) Shri/Smt/Kumari\* ..... and / or his/her\* family ordinarily reside(s) in Village/Town\* ..... of ..... District/Division of the State/Union Territory of .....

Signature: .....  
Designation: \*\* .....  
(with seal of office)

Place: ..... State/Union Territory

Date :

- \* Please delete the words which are not applicable.
- Please quote specific Presidential Order.
- % Delete the paragraph which is not applicable.

NOTE: The term 'Ordinarily reside(s)' used here will have the same meaning as in Section 20 of the Representation of the Peoples Act, 1950.

\*\* List of authorities empowered to issue Scheduled Caste/Scheduled Tribe Certificates:

1. District Magistrate / Additional District Magistrate / Collector / Deputy Commissioner / Deputy Collector / 1<sup>st</sup> Class Stipendiary Magistrate / City Magistrate / Sub-Divisional Magistrate / Taluk Magistrate / Executive Magistrate/ Extra Assistant Commissioner. (Not below the rank of 1<sup>st</sup> Class Stipendiary Magistrate).
2. Chief Presidency Magistrate / Additional Chief Presidency Magistrate / Presidency Magistrate.
3. Revenue Officer not below the rank of Tehsildar.
4. Sub-Divisional Officer of the area where the candidate and/or his family normally resides.
5. Administrator/Secretary to Administrator/Development Officer (Lakshadweep Islands).

**FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES  
APPLYING FOR APPOINTMENT TO POSTS UNDER THE GOVERNMENT OF  
INDIA**

This is to certify that Shri/Smt./Kumari \_\_\_\_\_ son/daughter of  
\_\_\_\_\_ of \_\_\_\_\_ village/town  
\_\_\_\_\_ in \_\_\_\_\_ District/Division  
\_\_\_\_\_ in the State/Union Territory \_\_\_\_\_  
belongs to the \_\_\_\_\_ community which is recognised  
as a backward class under the Government of India, Ministry of Social Justice and  
Empowerment's Resolution No. \_\_\_\_\_ dated  
\_\_\_\_\_. \* Shri/Smt./Kumari \_\_\_\_\_ and /or his/her  
family ordinarily reside(s) in the \_\_\_\_\_ District/Division of the  
\_\_\_\_\_ State/Union Territory. This is also to certify that  
he/she does not belong to the persons/sections (Creamy Layer) mentioned in  
Column 3 of the Schedule to the Government of India, Department of Personnel &  
Training O.M. No. 36012/22/93-Estt. (SCT) dated 8.9.1993, OM No. 36033/3/2004-  
Estt. (Res) dated 9<sup>th</sup> March, 2004, O.M. No. 36033/3/2004-Estt. (Res) dated 14<sup>th</sup>  
October, 2008 and O.M. No. 36033/1/2013-Estt. (Res) dated 27<sup>th</sup> May, 2013\*\*.

Signature \_\_\_\_\_  
Designation \_\_\_\_\_ \$

Dated:

Seal

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\*- The authority issuing the certificate may have to mention the details of Resolution of Government of India, in which the caste of the candidate is mentioned as OBC.

\*\* - As amended from time to time.

\$ - List of Authorities empowered to issue Other Backward Classes certificate will be the same as those empowered to issue Scheduled Caste/Scheduled Tribe certificates.

Note:- The term "Ordinarily" used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.

**Performa-III**

**Form of declaration to be submitted by the candidate (in addition to the community certificate)**

I.....son/daughter of Shri.....resident of village/town/city.....district .....State.....hereby declare that I belong to the ....community which is recognized as a backward class by the Government of India for the purpose of reservation in services as per orders contained in Department of Personnel and Training Office Memorandum No. 36102/22/93-Estt(SCT) dated 8.09.1993. It is also declared that I have read and understood the instructions contained in the said DoP&T OM dated 8.09.1993, and OM No. 36033/1/2013-Estt.(Res.) dated 13.09.2017 and I have reasons to declare that I do not fall under OBC (Creamy Layer) category on the basis of income for the immediate preceding three financial years.

Signature.....

Full Name.....

Address.....

**Annexure-I**

**Government of .....**  
**(Name & Address of the authority issuing the certificate)**

**INCOME & ASSEST CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS**

Certificate No. \_\_\_\_\_

Date: \_\_\_\_\_

**VALID FOR THE YEAR \_\_\_\_\_**

This is to certify that Shri/Smt./Kumari \_\_\_\_\_ son/daughter/wife of \_\_\_\_\_ permanent resident of \_\_\_\_\_, Village/Street \_\_\_\_\_ Post Office \_\_\_\_\_ District \_\_\_\_\_ in the State/Union Territory \_\_\_\_\_ Pin Code \_\_\_\_\_ whose photograph is attested below belongs to Economically Weaker Sections, since the gross annual income\* of his/her 'family'\*\* is below Rs. 8 lakh (Rupees Eight Lakh only) for the financial year \_\_\_\_\_. His/her family does not own or possess any of the following assets\*\*\* :

- I. 5 acres of agricultural land and above;
- II. Residential flat of 1000 sq. ft. and above;
- III. Residential plot of 100 sq. yards and above in notified municipalities;
- IV. Residential plot of 200 sq. yards and above in areas other than the notified municipalities.

2. Shri/Smt./Kumari \_\_\_\_\_ belongs to the \_\_\_\_\_ caste which is not recognized as a Scheduled Caste, Scheduled Tribe and Other Backward Classes (Central List)

Signature with seal of Office \_\_\_\_\_

Name \_\_\_\_\_

Designation \_\_\_\_\_

**Recent Passport size  
attested photograph of  
the applicant**

**\*Note1:** Income covered all sources i.e. salary, agriculture, business, profession, etc.

**\*\*Note 2:** The term "Family" for this purpose include the person, who seeks benefit of reservation, his/her parents and siblings below the age of 18 years as also his/her spouse and children below the age of 18 years

**\*\*\*Note 3:** The property held by a "Family" in different locations or different places/cities have been clubbed while applying the land or property holding test to determine EWS status.

**Department of Empowerment of Persons with Disabilities,  
Ministry of Social Justice and Empowerment, Government of India**

**Form-V**

**Disability Certificate**

(In case of Single Disability)

[See rule 18(1)]

(Name and Address of the Medical Authority Issuing the Certificate)

Recent  
passport size  
photograph  
(Showing face  
only) of the  
person with  
disability

Certificate/UDID No. \_\_\_\_\_

Date of Issue : \_\_\_\_\_

This is to certify that I/we have carefully examined \_\_\_\_\_, Son/Daughter/Care of \_\_\_\_\_, Date of Birth \_\_\_\_\_, Gender \_\_\_\_\_, Registration No. \_\_\_\_\_ (UDID Enrolment No.) \_\_\_\_\_ Resident of \_\_\_\_\_ whose photograph is affixed above, and I am /we are satisfied that:

**(A)** He/ She is a case of (Any one of the following disabilities):

- i. Locomotor Disability
- ii. Muscular Dystrophy
- iii. Leprosy Cured
- iv. Dwarfism
- v. Cerebral Palsy
- vi. Acid Attack Victim
- vii. Low Vision
- viii. Blindness
- ix. Hearing Impairment
- x. Speech and Language Disability
- xi. Intellectual Disability
- xii. Specific Learning Disabilities
- xiii. Autism Spectrum Disorder
- xiv. Mental Illness
- xv. Chronic Neurological Conditions
- xvi. Multiple Sclerosis
- xvii. Parkinson's Diseases
- xviii. Haemophilia
- xix. Thalassemia
- xx. Sickle Cell Disease

**(B)** Name of affected body part: \_\_\_\_\_

**(C)** The diagnosis in his/her case is.....

**(D)** He/ She has .....% (in figure) .....percent (in words) disability and the nature of certificate is ..... {Permanent / temporary and valid till .....} as per the guidelines for the purpose of assessing the extent of specified disability in a person included under the Rights of Persons with Disabilities Act, 2016 notified by Government of India vide Notification No..... dated .....

Signature / Thumb impression of the Person with Disability:

Signature of notified Medical Authority Member(s):

Signature:

Name and Address of the Medical Authority Issuing the Certificate:

**Department of Empowerment of Persons with Disabilities,  
Ministry of Social Justice and Empowerment, Government of India**

**Form-VI**

**Disability Certificate**

(In case of Multiple Disabilities)

[See rule 18(1)]

(Name and Address of the Medical Authority issuing the Certificate)

Recent passport size photograph (Showing face only) of the person with disability
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Certificate/UDID No.

Date of Issue:

This is to certify that we have carefully examined ....., Son/Daughter/Care of ....., Date of Birth ....., Gender....., Registration No. (UDID Enrolment No.)..... Resident of ..... whose photograph is affixed above, and we are satisfied that:

**(A)** He/ She is a case of **Multiple Disabilities**. His/her extent of physical impairments/ disabilities have been evaluated as per the guidelines for the purpose of assessing the extent of specified disability in a person included under the Rights of Persons with Disabilities Act, 2016 notified by Government of India vide (Notification No)..... dated ..... for the disabilities below:

S. No.	Disability	Name of Affected Body Part	Diagnosis	Disability Percentage
1.	Locomotor Disability			
2.	Muscular Dystrophy			
3.	Leprosy Cured			
4.	Dwarfism			
5.	Cerebral Palsy			
6.	Acid Attack Victim			
7.	Low Vision			
8.	Blindness			
9.	Hearing Impairment			
10.	Speech and Language			
11.	Intellectual Disability			
12.	Specific Learning Disabilities			
13.	Autism Spectrum Disorder			
14.	Mental Illness			
15.	Chronic Neurological			
16.	Multiple Sclerosis			
17.	Parkinson's Diseases			
18.	Haemophilia			
19.	Thalassemia			
20.	Sickle Cell Disease			

(Note: Only the disabilities diagnosed will be listed)

**(B)** He/She has.....% (in figure).....percent (in words) overall disability and the nature of certificate is { permanent/ temporary and valid till .....} .

Signature / Thumb impression of the Person with Disability:

Signature of notified Medical Authority Member(s):

Signature:

Name and Address of the Medical Authority Issuing the Certificate: