

# केन्द्रीय रेशम बोर्ड

(वस्त्र मंत्रालय - भारत सरकार)

केरेबो कांप्लेक्स, बी.टी.एम. लेआउट,  
मडिवाला, बेंगलूरु-560 068.



# CENTRAL SILK BOARD

(Ministry Of Textiles - Govt. of India)

CSB Complex, B.T.M. Layout,  
Madiwala, Bengaluru-560 068.

No.CSB-48(13)/2018-ES.I

Date: 09-11-2021

## CIRCULAR

Sub :- Inviting willingness from Field Staff to work in different chapters of SMOI of CSB – regarding.

With reference to the subject cited above, this is to inform that there is an urgent need to replace the retiring manpower in the Silk Mark Organization of India (SMOI). The Competent Authority has decided to call for the willingness from the officials working in field cadres viz., FAs/SFAs/STAs to work in the following SMOI Chapters.

#	Chapters	Area of Jurisdiction/work place	No. Of Staff Required (Approximately)
1	Corporate Office	Bangalore	2
2	Bangalore	Karnataka	2
3	Chennai	Tamil Nadu	2
4	Guwahati	North Eastern States	1
5	Hyderabad	Andhra Pradesh, Telangana, Chattisgarh	2
6	Kolkata	West Bengal, Bihar & Orissa	2
7	Mumbai	Maharashtra, Gujarat, Madhya Pradesh & Chhattisgarh	2
8	New Delhi	Delhi & NCR	2
9	Palakkad	Kerala & Part of Tamil Nadu	1
10	Srinagar	Jammu & Kashmir	1
11	Varanasi	Uttar Pradesh	1

The Roles and Responsibilities for the selected candidates to work in different chapters of SMOI are as under :-

- Visit Textile Showrooms dealing in Pure Silk Products, Silk Manufacturers, Silk Weavers, Silk boutiques, fashion houses etc., and to enrol them as member / Authorised User of SMOI.
- Membership fees along with applications should be submitted to SMOI
- Motivate such enrolled AUs to buy and use Silk Mark labels.
- Educate them and their salespersons on usage of Silk Mark labels only on 100% pure silk products
- Visit the present members of SMOI on regular basis as a part of Silk Mark promotional activity

Contd...2/-



पो.बा.सं / P.B. No. : 6825  
वेबसाइट / Website : <http://csb.gov.in>



सूचना का  
अधिकार  
RIGHT TO  
INFORMATION

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Eco Friendly Indian Silks

- (vi) Collect data during market survey and forward to Corporate Office
- (vii) Submit monthly performance reports in prescribed format(s).
- (viii) Conduct awareness programmes, impart training to salespersons.
- (ix) Supply Silk Mark labels to Authorised Users
- (x) Targets & activities will be reviewed & revised periodically (weekly / monthly basis)
- (xi) Any other work related to promotion of quality assurance Silk Mark label.

It is informed that the CSB employees working the cadre of FA/SFA/STA preferably below 45 years with minimum qualification of graduation in any discipline, who are interested to work in different chapters of SMOI may submit their willingness as per the enclosed format, so as to reach the Central Office on or before 30<sup>th</sup> November 2021 through their controlling officer. Two weeks orientation training will be provided to the selected candidates at CSB, Bangalore. The selected officials will be placed to work in SMOI chapters as per one of the choice submitted by them. However, they will be entitled to transfer benefits, if they have to be posted outside their present place of posting.

It is clarified that the selection of suitable person shall be made by the Competent Authority and no official shall have any right to be selected. The engaging may be subject to such condition as may be decided by the Competent Authority.

  
(Julian Tobias)  
Joint Director (Admn.)  
9.11.2021

To :

✓ All the CSB employees working in  
the cadre of STA/Sr.FA & FA)  
Through: The Directors / Incharge Officers of the  
Main Institute

(Through Website)

APPLICATION FOR SUBMISSION OF WILLINGNESS TO WORK IN SMOI  
CHAPTERS

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- 1] Name
- 2] Employee Number
- 3] Designation
- 4] Age/Date of Birth
- 5] Present Place of Working
- 6] Working since
- 7] Date of Entry into Board's service
- 8] Native Place
- 9] Qualification
- 10] Experience
- 11] Nature of Work presently handling
- 12] Three Places of Choice – SMOI Chapter 1] \_\_\_\_\_  
2] \_\_\_\_\_  
3] \_\_\_\_\_

Date:

(Signature)  
Name:  
Designation:  
Office:

Recommendation of the Controlling Officer/Head of the Office

(Signature)  
Name:  
Designation:  
Office:

