



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

ENGAGEMENT OF GRADUATE & TECHNICIAN APPRENTICES

Hindustan Organic Chemicals Limited, Ambalamugal, Kochi invites Online applications through NATS Portal from eligible Graduate holders in Engineering, Diploma holders in Engineering and Diploma holders in Commercial Practice, passed during the years 2022, 2023, 2024, 2025 & 2026 for undergoing Apprenticeship Training under the Apprentices Act, 1961.

CATEGORY I – GRADUATE APPRENTICES (B.Tech/B.E Degree holders)

Sl. No.	Discipline/ Subject Field	Vacancy	Reservation						Monthly Stipend including Govt. share (in Rs.)	Duration of Training
			UR	SC	ST	OBC	EWS	Total		
1	Fire & Safety	1	1	-	-	-	-	1	Rs.12,300/-	01 year
2	Computer Science	1	-	1	-	-	-	1	Rs.12,300/-	01 year
3	Mechanical	3	-	1	1	1	-	3	Rs.12,300/-	01 year
Total		5	1	2	1	1	-	5		

CATEGORY II - TECHNICIAN APPRENTICES (Diploma holders)

Sl. No.	Discipline/ Subject Field	Vacancy	Reservation							Monthly Stipend including Govt. share (in Rs.)	Duration of Training
			UR	SC	ST	OBC	EWS	PwBD	Total		
1	Electrical	3	2	-	-	1	-	-	3	Rs.10,900/-	01 year
2	Mechanical	7	2	1	-	3	1	-	7	Rs.10,900/-	01 year
3	Instrumentation	1	-	-	-	-	1	-	1	Rs.10,900/-	01 year
Total		11	4	1	-	4	2	-	11		

1. Minimum Educational Qualification

A. Category – I Graduate (B.Tech/B.E) Apprentices – Full Time Course

- A Degree in Engineering or Technology granted by a Statutory University in relevant discipline.
- A Degree in Engineering or Technology granted by an Institution empowered to grant such degree by an Act of Parliament in relevant discipline.
- Graduate examination of Professional bodies recognized by the State Government or Central Government as equivalent to above.
- Some Universities/Institutes/Examination Boards do not award Class or Percentage of marks and allot Aggregate Grade Points (e.g. CGPA/OGPA/CPI, etc.). In case University/Institute/Examination Board defines criteria for conversion of Aggregate Grade Point into Class and/or percentage of marks, the same shall be accepted. However, where the University/ Institute/ Examination does not define criteria for conversion of Aggregate Grade Point into Class and/or percentage of marks, the Aggregate Grade Points shall be multiplied by 10 to get the required percentage of marks.

8. PROCEDURE FOR REGISTRATION AND SUBMISSION OF APPLICATION THROUGH NATS PORTAL:

The apprenticeship registration/application submissions shall be through the portal: nats.education.gov.in. The method of applying for those who already registered in the old portal is provided in Column A of below table. Others can follow the procedure mentioned at column B.

COLUMN A	COLUMN B
For students who have already registered in NATS portal (https://nats.education.gov.in)	For students have not registered in NATS portal
<p>Step 1:</p> <p>a. Login– User ID & Password</p> <p>b. Search “HINDUSTAN ORGANIC CHEMICALS LIMITED” under “Apply against advertised vacancies” or “Apply against yearly requirements”</p> <p>c. Click Apply (You can see the status as “applied”)</p>	<p>Step 1:</p> <p>a. Go to https://nats.education.gov.in</p> <p>b. Click Student</p> <p>c. Click Student Register</p> <p>d. Complete the application form (Qualification Certificate, Govt ID Proof, Bank Pass Book, Photo, Resume etc required)</p> <p>e. A unique Enrollment Number for each student will be generated.</p> <p>For applying,</p> <p>a. Login– User ID & Password</p> <p>b. Search “HINDUSTAN ORGANIC CHEMICALS LIMITED” under “Apply against advertised vacancies” or “Apply against yearly requirements”</p> <p>c. Click Apply (You can see the status as “applied”)</p>

Please Note : Percentage of marks in the Qualifying Examination is mandatory. Hence candidates are advised to compulsorily enter the percentage of marks in the column “% of Marks/CGPA” in the NATS portal. If % of marks is not furnished, candidature will not be considered.

In case of any issues/queries related to NATS portal, you may please contact Board of Apprenticeship Training (BOAT), Southern Region, Chennai via email: studentquery@boat-srp.com

Candidates must submit their applications exclusively through the portal nats.education.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. 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. 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.**

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”**

अभिलाष आर Abhilash R.
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.

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 / 1st Class Stipendiary Magistrate / City Magistrate / Sub-Divisional Magistrate / Taluk Magistrate / Executive Magistrate/ Extra Assistant Commissioner. (Not below the rank of 1st 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 9th March, 2004, O.M. No. 36033/3/2004-Estt. (Res) dated 14th
October, 2008 and O.M. No. 36033/1/2013-Estt. (Res) dated 27th May, 2013**.

Signature _____
Designation _____ \$

Dated:

Seal

*- 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.....districtState.....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: