



Tea Board
14, Biplabi Trailokya Maharaj Sarani,
Kolkata-700 001

Dated : 10.12.2025


OFFICE MEMORANDUM NO. 98/2025

As per decision taken by the Executive Committee/Board in its meeting held on 13.08.2025 at Coonoor, the undersigned is directed to state that the competent authority has been pleased to entrust the job for carrying out Cadre Restructuring study of Tea Board India to the National Productivity Council, Kolkata.

As a part of undertaking of such study, the National Productivity Council, Kolkata has requested to provide the required information/data in respect of all officials of Tea Board, attached to the Board's Head Office, Kolkata and its Zonal/Regional/Sub-Regional Offices in the enclosed prescribed format within 12.12.2025.

Accordingly, all officers and staff members (including MTS) attached to the Board's Head Office, Kolkata and its Zonal/Regional/Sub-Regional Offices located all over India are hereby requested to please provide their required information in the enclosed prescribed format **positively by 16.12.2025** to the undersigned for taking necessary action at this end.

Encl : As stated.


(Dr. Rishikesh Rai)
Secretary (I/C)

Distribution :-

1.	All HoDs in Board's HO, Kolkata (excepting Dy. Chairman & Secretary)	With the request to please bring to contents of this Office Memorandum amongst all concerned working under them.
2.	Executive Director, Tea Board, <u>Guwahati & Coonoor</u>	
3.	DDTD, Siliguri, S.O (NWI), New Delhi and FAO, Palampur	
4.	FA & CAO	
5.	All Branches/Departments in Board's HO, Kolkata	
6.	All Zonal/Regional/Sub-Regional Offices of the Board	
7.	P. As to Dy. Chairman & Secretary	
8.	TBEA	
9.	I.T. Cell	With the request to upload in the Board's website.
10.	File No. 23(9)/Estt/2025	
11.	Estt. Branch	With spare copies.

Ref. File No. ESTT-POLY/1/2025-Establishment



Cadre Restructuring Study of Tea Board India

Job Analysis Form

PURPOSE AND INSTRUCTIONS

The purpose of the study is to obtain current information on your job based on your present job duties and responsibilities. Since an individual knows and understands one's duties and responsibilities better than anyone else, we need *your* help to get an accurate description of your job. Therefore, we request you to complete this questionnaire which seeks accurate information about your job duties/responsibilities. The questionnaire does not seek any information about your job performance; but only what your job requires you to do.

Please complete this form as honestly, completely, and accurately as you can. Please base your answers on what is normal to your current job, not special projects or temporary assignment duties, unless these tasks are a regular part of your job.

We appreciate your active participation in this important study. If you have any clarification/questions, kindly feel free to ask us.

Please return the filled form through your Reporting Officer.

A. EMPLOYEE DATA

Your Name: _____ Job Position: _____

Department/ Section: _____ Grade: _____

Cadre: _____ TBI Personnel No.: _____

How long have you been in your current position: _____ Years _____ Months

Reporting to (Name, Designation): _____ Reporting from (Year, Months): _____

Contact No.: _____ Email-id: _____

B. GENERAL PURPOSE OF POSITION

Indicate in one or two sentences the general purpose of the position. This statement should be a general summary of the responsibilities listed in the next section.

Cadre Restructuring Study of TBI

C. JOB DETAILS

Sr. No.	MAJOR TASKS & KEY RESPONSIBILITIES	Frequency (Daily, Weekly, Monthly, Quarterly, Half Yearly, Yearly)	No. of Occurrences	Estimated Time taken (in Minutes)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Cadre Restructuring Study of TBI

11				
12				
13				
14				
15				
16				
17				

Education & Experience

D. EDUCATION: Check the box that best indicates the minimum education/training requirements of this job. (Not necessarily your education, but the requirements for the job).

Diploma or ITI
 Bachelor's Degree
 Master's Degree
 Doctorate Degree
 Others (Please specify): _____

Discipline: _____

Training requirements: _____

E. EXPERIENCE

TYPE OF EXPERIENCE NEEDED: Please indicate the specific job experience needed. For example, "accounting experience in an education environment" vs. "accounting experience". Be sure that the experience stated is what is actually required by the job, not what is preferred.

Indicate the minimum amount of experience required for the above (not necessarily your years of experience, but the requirements for the job.)

Cadre Restructuring Study of TBI

F. TYPE OF SKILLS AND/OR LICENSING/CERTIFICATION REQUIRED

Please indicate all specific skills and/or licensing/certification required (not preferred) to do this job for example, Chartered Accountant

G. MANAGING/ SUPERVISORY RESPONSIBILITIES

How many positions report directly to you?

None 1 2-3 4-6 7 or more

List the title(s) of employee(s) whom you directly supervise:

Title	Grade/Level	Number of Positions
_____	_____	_____
_____	_____	_____

H. GENERAL COMMENTS BY EMPLOYEE

Because no single questionnaire can cover every part of a job, can you think of any other information that would be important in understanding your job? If so, please give us your comments below.

(Use extra sheet if needed)

Employee's Signature: _____

Date: _____