

GOVERNMENT OF TRIPURA
DIRECTORATE OF FAMILY WELFARE DEPARTMENT

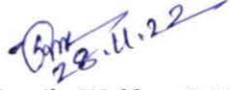
NO.F.13 (1-15)-DFWPM/FSSA/2022

Dated. Agartala, 28th November, 2022.

CORRIGENDUM

With reference to the "ADVERTISEMENT FOR CONTRACTUAL ENGAGEMENT OF FOOD SAFETY OFFICER (FSO) UNDER THE DIRECTORATE OF FAMILY WELFARE & P.M, GOVT. OF TRIPURA, dated-17-11-2022" published in Departmental website (<https://www.health.tripura.gov.in>) on 18-11-2022 & daily newspapers (Pratibadi Kalam, Ajker Fariad, Daily Desher Katha on 18-1-2022 & Dainik Sambad on 19-11-2022), please read the age limit -'**Minimum 18 years & maximum 42 years as on 30-06-2023** as per Govt. Memo No.F.23(11)-GA(P&T)/2022, dated, 11-07-2022, Upper age limit is relaxable as per Govt. norms', instead of 'Minimum 22 years & Maximum 40 years as on 31.01.2022. Upper age limit is relaxable by 5(five) years in case of SC/ST candidates'.

The last date of submission of applications is extended up to 05-12-2022 by 5:00 P.M.


Director of Family Welfare & PM,
(Joint Food Safety Commissioner),
Government of Tripura

APPLICATION FORM FOR CONTRACTUAL ENGAGEMENT OF FOOD SAFETY OFFICER

<small>(To be filled by the Office)</small> Sl. No/Token No. _____ / _____ /2022-23
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Affix a passport size latest coloured photograph and sign on it (Donot staple)

To,
 The Director of Family Welfare & P.M,
 (Joint Food Safety Commissioner),
 Government of Tripura,
 Gurkhabasti, Agartala.

Sub: **Prayer for the contractual engagement of Food Safety Officer (FSO).**

1. Name of the candidate (in Block Letters) : SRI / SMT / DR. _____
2. Father's / Husband's Name : Sri / Late _____
3. Permanent address : Vill _____ P.O _____
Sub-Div. _____ Dist. _____ Pin. _____
4. Present Address : Vill _____ P.O _____
Sub-Div. _____ Dist. _____ Pin. _____
5. Category : ST / SC / UR.
6. Contact no (mandatory) : _____
7. email ID (mandatory) : _____
8. Date of birth : DD ____ / MM ____ / YYYY ____.
9. Age as on 30/06/2023 : _____ Years _____ Month _____ Days.
10. Gender : Male/Female/Others.
11. Educational Qualification:

Sl. No	Name of the examination (Madhyamik or equivalent onwards)	Board/University	Year of passing	Grade/Marks obtained		CGPA to % conversion factor (copy of the conversion factor to be enclosed)
				CGPA	Percentage	
1						
2						
3						
4						
5						

10. API score:

Sl. No.	Academic qualification	Weightage (90)	Percentage (%) scored	API Score	Total API (out of 90)
1	Madhyamik or equivalent	10			
2	H.S (+2 stage) or equivalent	30			
3	Degree	30			
4	Master's Degree	20			

DECLARATION BY THE CANDIDATE

I do hereby declare that all the information furnished above is true to the best of my knowledge. If any information furnished above is found incorrect/false, my candidature may be disqualified by the Health Selection committee.

Place:

Full Signature of the candidate

Date:- ____ / ____ /2022.

Self attested photocopy of the following documents are enclosed with the application.

- (I) P.R.T.C /Citizenship
- (II) Aadhar card
- (III) Caste Certificate
- (IV) Age proof (Admit of Madhyamik/Birth Certificate)
- (V) Mark sheets of Madhyamik, H.S, Graduation, Post Graduation etc.
- (VI) Conversion factor of CGPA to Percentage (if mark/grade is published as CGPA)