



**Food Supplies and Consumer Welfare Department
Government of Odisha**

Application Form for the Post of President/Member, District Commission

1. Post Applied For: **President, District Commission**
(Put ✓ mark here)

Member, District Commission

*Paste Recent
Passport Size
Signed
Photograph Here*

2. District Applied for:

3. Applicant's Name:

4. E-Mail ID:

5. Mobile Number:

6. Date of Birth:

(DD-MM-YYYY)

7. Gender:

Male

Female

(Put ✓ mark here)

8. (i) Have you served earlier as President/Member, District Commission?

Yes

No

(Put ✓ mark here)

(ii) If yes, how many terms completed?

One term

Two terms

(Put ✓ mark here)

Period from:
(One term)

To:

Served as:

Period from:
(Two terms)

To:

Served as:

9. Personal Details :

Father's Name:

Mother's Name:

10. Correspondence Address:

At:

Post Office:

District:

State: Pin:

11. Permanent Address:

At:

Post Office:

District:

State: Pin:

12. Declaration:

I _____ have gone through the Provisions of Consumer Protection Act, 2019 and the Rules and Regulations made there under.

Date: _____

Applicant's Signature