

File No. 13015/03/2018-QA

**Food Safety and Standards Authority of India**

(A Statutory Authority established under the Food Safety & Standards Act, 2006)

Quality Assurance Division

**FDA Bhavan, Kotla Road, New Delhi-110 002**

**Dated, the 29<sup>th</sup> October, 2018**

**Subject: Nominations for "Hands on Training on Advanced Microbiological Techniques" - reg.**

FSSAI in association with Direction Générale de l'Alimentation (DGAL), France and Food and Drugs Administration (FDA), Gujarat is organizing five days "Hands on Training on Advanced Microbiological Techniques" from **26.11.2018 to 30.11.2018** at Food & Drugs Laboratory, Near Polytechnic, Nizapuram, Vadodara-390002.

2. In this regard, State Food Laboratories and Notified Laboratories (which have functional microbiology laboratory) are requested to send nomination of one microbiologist for attending the above training program, in the prescribed application form (copy enclosed) at [training.qa@fssai.gov.in](mailto:training.qa@fssai.gov.in) by **12<sup>th</sup> November, 2018**. The candidates selected by FSSAI will be informed to the concerned authorities/ organization well in advance.

3. The TA/DA for the Government employees will be borne by FSSAI as per entitlement in their respective organizations.

*Umesh Kumar Jain*  
*29/10/18*  
(Umesh Kumar Jain)  
Joint Director (QA)  
Ph: 011-23237419

To:

- i. All State Food Laboratories
- ii. All FSSAI notified laboratories

Copy To:

- i. Commissioners of Food Safety (All States & UT's)
- ii. IT division for uploading on FSSAI website.



FOOD SAFETY AND STANDARDS  
AUTHORITY OF INDIA

Inspiring Trust, Assuring Safe & Nutritious Food

**Hands on Training on Advanced Microbiological Techniques**

at

**Food & Drugs Laboratory, Near Polytechnic, Nizapuram, Vadodara-390002**

**26<sup>th</sup> - 30<sup>th</sup> November, 2018**

1.	Name (in capital letters)			
2.	Fathers/Husbands Name			
3.	Date of Birth			
4.	Sex	<table border="1"><tr><td>M</td><td>F</td></tr></table>	M	F
M	F			
5.	Name of the present Employer			
6.	Designation			
7.	Name of the Laboratory			
8.	Laboratory Address			
9.	Telephone Nos. of applicant	Office: _____ Mobile: _____ (Personal)		
10.	Email Id of applicant			
11.	Academic Qualification			
12.	Professional/ Technical Qualification, if any			
13.	Area of Specialization			
14.	Work Experience in Microbiology Testing	( ) years		
15.	Whether Qualified as Food Analyst			

**Signature of the Candidate**

**Recommendation of the Forwarding Authority**

Date:

Signature

Name .....

Designation .....

Tel No and Email id .....