

File No. 13015/02/2017 (TOT Part-D)
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

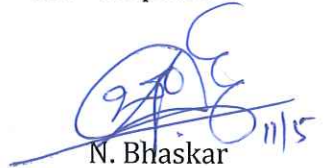
The 11th May, 2017

Subject: Nominations for "Training of Trainers" Program on Analysis of Mycotoxins in Bangalore - reg.

Sir/Madam,

'Master Trainers Program' was organized by FSSAI in collaboration with Global Food Safety Partnership (GFSP) in Singapore. The training program was focused on Analysis of Pesticide Residues and Mycotoxins in food. This pilot training was conducted to help create a set of master trainers in the country who in turn will deliver training and upgrade the skills of the Food Testing staff of India.

2. In continuation to this, FSSAI in collaboration with GFSP, is organizing four days "Training of Trainers" program on **Analysis of Mycotoxins** for food analysts and other scientific/technical personnel of Food Testing Laboratories at the Laboratory of Waters India Pvt Ltd, Peenya, Bangalore from **29.05.2017 to 01.06.2017**.
3. In this regard, you are requested to nominate 3 laboratory personnel from your institution/laboratory in the prescribed application form for attending this training program latest by **18th May 2017**.
4. The participants selected for the training will be finalized by FSSAI and will be informed by FSSAI well in advance.
5. The boarding/lodging, TA/DA expenses will be borne by the respective organization.
6. A copy of application form is enclosed.


N. Bhaskar

Advisor (Quality Assurance)

To,

1. State Food Commissioners
2. Referral Laboratories
3. Notified Food Laboratories/Institutions

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FOOD SAFETY AND STANDARDS
AUTHORITY OF INDIA

Inspiring Trust, Assuring Safe & Nutritious Food

“Training of Trainers” Program on Analysis of Mycotoxin

By

Food Safety and Standards Authority of India

In collaboration with

Waters Laboratory, Bangalore

29th May to 1st June 2017

1.	Name (in Capital Letters)	:			
2.	Father’s Name/ Husband’s name	:			
3.	Designation	:			
4.	Name of the present Employer	:			
5.	Name of the Laboratory	:			
6.	Laboratory Address	:			
7.	Date of Birth	:	-----/-----/-----		
8.	Sex	:	<table border="1"><tr><td>M</td><td>F</td></tr></table>	M	F
M	F				
9.	Telephone Nos	:	Office: _____ Mobile: _____		
10.	Email Id	:			
11.	Qualification	:	Academic Qualification-		
			Professional/ Technical Qualification, if any-		
12.	Area of Specialization	:			
13.	Work Experience in analytical Field	:	() years		
14.	Work in	:	Pesticide residue: <table border="1"><tr><td>Y</td><td>N</td></tr></table>	Y	N
			Y	N	
Mycotoxin: <table border="1"><tr><td>Y</td><td>N</td></tr></table>	Y	N			
Y	N				

Signature of the Applicant

Date:

Recommendation of the forwarding Authority

Date:

Signature

Name & Designation

Consent

I, (Dr/Mr/Ms) ----- from -----

----- have undergone five days' "Training of Trainers" (TOT) program on "Analysis of Mycotoxin" in waters Laboratory Bangalore, from 29th May to 1st June 2017.

I, hereby give my consent to be available as a Master Trainer for further training programs as and when required by Food Safety Standards Authority of India (FSSAI), New Delhi.

Signature

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