

File No. 13015/20/2019-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 8th November, 2019

Subject: Nominations for "Hands on Training on Advanced Microbiological Techniques" to be held from 9-13 December, 2019 at CIFT, Kochi- reg.

FSSAI in association with Direction Generale de l'Alimentation DGAL), France is organizing five days "Hands on Training on Advanced Microbiological Techniques" at ICAR-Central Institute of Fisheries Technology (CIFT), Kochi from 9th to 13th December, 2019.

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 aforesaid training in the prescribed application form (copy enclosed) at **training.qa@fssai.gov.in** by **November 18, 2019**. The candidates selected by FSSAI will be informed well in advance.

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

Encl: as above

Shalini Sehgal
8.11.19
(Dr. Shalini Sehgal)
Director (QA)

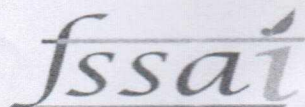
Ph: 011-23210354

To:

- (i) All State Food Testing Laboratories
- (ii) All FSSAI notified laboratories

Copy to:

- (i) Commissioners of Food Safety (All States & UTs)
- (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
ICAR-CIFT, KOCHI, KERALA
December 9 - December 13, 2019

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

Signature of the Candidate

Recommendation of the Forwarding Authority

Date:

Signature

Name.....

Designation.....

Tel No and Email id.....