



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

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**Application Form for the Post of Member, State Commission**

1. Post Applied For: **Member, State Commission**

*Paste Recent  
Passport Size  
Signed  
Photograph Here*

2. Applicant's Name:

3. E-Mail ID:

4. Mobile Number:

5. Date of Birth:   
(DD-MM-YYYY)

6. Gender: Male  Female  (Put  $\checkmark$  mark here)

7. Have you served earlier as President/Member, District Commission?

(i) Yes  No  (Put  $\checkmark$  mark here)

(ii) If yes, how many terms completed?

One term  Two terms  (Put  $\checkmark$  mark here)

Period from:  To:  Served as:   
(One term)

Period from:  To:  Served as:   
(Two terms)

8. Personal Details:

Father's Name:

Mother's Name:

9. Correspondence Address:

At:

Post Office:

District:

State:  Pin:

10. Permanent Address:

At:

Post Office:

District:

State:  Pin:

11. Declaration:

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

Date: \_\_\_\_\_

Applicant's Signature