



Government of Orissa  
Department of Food Supplies & Consumer Welfare

Application Form for Consideration for Appointment as President/ Member/ Member(Woman)

An attested  
Passport size  
photograph

1. Full Name (in block letters) :  
☐Dr ☐Mr ☐Mrs ☐Miss

2. Present address for correspondence  
with phone no. and email  
address (if any).

Pin Code

Phone no.

if available ☐Yes ☐No email address

3. Permanent address:

Pin Code

Phone no.

email address

4. Date of Birth (with proof along with  
copy of relevant document.)

5. Details of Educational Qualification  
(Matriculation onwards)

Sl. No.	Name of examination/ Degree	Year of completion	Name of Board/ University / Examining Body	Division/% of marks/Grade
1.				
2.				
3.				
4.				
5.				

6. Details of Experience.

Sl. No.	Designation Employer	Organization	Field of experience Economics/ Law/Commerce/Accountancy/ Industry/ Public affairs/ Administration.	Period of experience (completed no. of years)	Whether full time part time
1.	2.	3.	4.	5.	6.
1.					
2.					
3.					

7. Details of any other work done/ project completed or any other information relevant to suitability of the candidate for the proposed appointment:

Sl.No	Description of work/ project/ nature of information.	Description of documentary evidence of information.
1.		
2.		
3.		

8. Post applied for: ☐PRESIDENT ☐MEMBER District Forum

9. Preference (if applies for more than one district):President

1.
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2.
- 
3.
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Member

1.
- 
2.
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3.
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Place:

Date:

Signature of the Applicant & NAME

- List of documents enclosed:
1.
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2.
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3.
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4.
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5.
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6.
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7.
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8.
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9.
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10.
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**Form of Affidavit**

In the Court of Executive Magistrate/ Notary Public

I, Kumari/Smt./Sri

☐ son of ☐ wife of ☐ daughter of

aged                      years, residing at

do hereby ☐ swear ☐ solemnly affirm that:

- 2.I do not belong to or have Membership of any political party or any communal organization.
- 3.I have not got any financial or any other interest(s), which is/are likely to affect prejudicially the discharge by me of the functions as a President/ Member of District Forum,
- 4.That I have not been removed or dismissed from the service.
- 5.That I have carefully gone through and have fully understood the provisions of clause (a)/(b) of Sub-Section (1) of Section 10 of the Consumer Protection Act, 1986 and I have not incurred any of the conditions mentioned in proviso thereto which may disqualify me from being appointed as President/Member of the District Consumer Disputes Redressal Forum.

That the facts stated above are true to the best of my knowledge and belief. I am swearing this affidavit for offering my candidature for appointment as President/ Member in the District Consumer Disputes Redressal Forum.

Identified by me Advocate

Deponent

The above deponent being identified by

Advocate solemnly affirms and states that the facts stated above are true and correct to the best of his/ her knowledge and belief and signed on this day of

( HH:MM )

Deponent

Executive Magistrate/Notary Public