



## TRIPURA STATE ALLIED AND HEALTHCARE COUNCIL

Second Floor, Dept. of Ophthalmology, I.G.M. Hospital,  
Agartala, West Tripura, PIN : 799001  
e-Mail ID: [tsahctripura@gmail.com](mailto:tsahctripura@gmail.com)

### NOTIFICATION

In cancellation of the NOTIFICATION No.F.7(5)-TSAHC/Committee/24, Dtd.29/08/2024, application(s) are invited for filling up the posts of Secretary and 20 Members from the Allied & Healthcare Professionals of Tripura domiciled to constitute the Tripura State Allied & Healthcare Council (TSAHC) for Two years tenure as follows:

| Sl. No. | Name of Post | Position   | Essential Qualification with Experience   |
|---------|--------------|--|---|
| 1.      | Member       | 2 (Two) for Medical Laboratory & Life Sc. Profession.                          | Post Graduate/Graduate Degree in the subject with 15(fifteen) years' experience <b>OR</b> Diploma with 20(twenty) years' experience. (under section 3(1) of TSAHC Rule 2022). |
| 2.      | Member       | 2 (Two) for Trauma, Burn Care and Surgical/ Anaesthesia professional.          | Do.   |
| 3.      | Member       | 2(Two) for Physiotherapy Professional/ Physiotherapist                         | Do.   |
| 4.      | Member       | 2(Two) for Nutrition Science Professional / Dieticians.                        | Do.   |
| 5.      | Member       | 2(Two) for Ophthalmic Sciences Professional / Optometrist.                     | Do.   |
| 6.      | Member       | 2(Two) for Occupational Therapy Professional                                   | Do.   |
| 7.      | Member       | 2(Two) for Community Care, Behavioural Health Sciences and other Professionals | Do.   |
| 8.      | Member       | 2(Two) for Medical Radiology, Imaging and Therapeutic Technology Professional. | Do.   |
| 9.      | Member       | 2(Two) for Medical Technologists and Physician Associate.                      | Do.   |
| 10.     | Member       | 2(Two) for Health Information Management and Medical Records Professional.     | Do.   |
| 11.     | Secretary    | 1 (One)  | A Post-Graduate/Graduate Degree in Allied & Healthcare profession with 20(twenty) years of experience in the field. (under section 8(2) of the TSAHC Rule.)                   |

Interested candidates are hereby requested to submit their application (hard copy only) through the prescribed format attached herewith to the Office of the Chairperson, Tripura State Allied and Healthcare Council, 2<sup>nd</sup> Floor, Dept. of Ophthalmology, I.G.M. Hospital Complex, Agartala (**through proper channel, if Govt. employee**). Last date of submission of applications on **22/11/2024 up-to 05:00PM**.

This is issued on approval of the Government of Tripura vide Note#32, Dtd. 08/10/2024.

Under Secretary to the  
Government of Tripura  
Health & F.W. Department

**N.B.:** Experience Certificate from the Competent Authority and self-attested copy of all the relevant certificates should be submitted along with the application.

**APPLICATION FORM for selection of Secretary / Member**

To,  
The Chairperson  
Tripura State Allied and Healthcare Council  
2<sup>nd</sup> Floor, Dept. of Ophthalmology  
I.G.M. Hospital Complex, Agartala

Passport size Photograph  
of the applicant to be affixed

|    |  |                        |  |  |                    |
|----|--|------------------------|--|--|--------------------|
| 1. | Full Name  |                        |  |  |                    |
| 2. | Father's Name  |                        |  |  |                    |
| 3. | Date of Birth  |                        |  |  |                    |
| 4. | Permanent Address  | State : TRIPURA PIN:   |  |  |                    |
| 5. | Present Address  | State : TRIPURA PIN:   |  |  |                    |
| 6. | E- Mail ID   | *                      |  |  |                    |
| 7. | Mobile /Phone  |                        |  |  |                    |
| 8. | Mobile WhatsApp  |                        |  |  |                    |
| 9. | Educational Qualification<br>(Madhyamik / H.S. (+2 Stage) onwards) | Exam passed            | Marksheet                                      | Certificate                                      | Board / University |
|    |  | Madhyamik              | Self-attested copy of Marksheet to be attached | Self-attested copy of Certificate to be attached |                    |
|    |  | H.S. (+2) with PCB/PCM | DO   | DO   |                    |
|    |  | Diploma                | DO   | DO   |                    |
|    |  | Degree                 | DO   | DO   |                    |
|    |  | Master Degree          | DO   | DO   |                    |
|    |  | Others                 | DO   | DO   |                    |

|     |   |   |
|-----|---|---|
| 10. | Name and Duration of Professional Discipline Course                         | Name of Course :<br>Duration: 2 Years / 3 Years / 4 Years / 5 Years |
| 11. | Name of Board/ University/ State Medical Faculty etc.                       |   |
| 12. | Name of the Diploma/Degree training Institute with address                  | Name: -<br>Address: -   |
| 13. | Name of Internship Training Institute / Hospital with address and duration. | Name: -<br>Address: -<br>Duration: -                                |
| 14. | Year & Month of Passing Out   |   |
| 15. | Present Occupation/Post   |   |
| 16. | Details of total experience   | (extra pages may be attached, if necessary)                         |

Signature of Applicant with Date

**DECLARATIONS BY THE APPLICANT**

I.....

S/O, D/O, W/O, ..... took oath

and declared that all information provided by me in the application Form are true and correct as per my best knowledge.

Estd : 2022

Agartala, Tripura

Signature of Applicant with Date

**N.B.:- Experience Certificate from the Competent Authority and self-attested copy of all the relevant certificates should be submitted along with the application.**