GOVERNMENT OF TRIPURA
OFFICE OF THE MISSION DIRECTOR
STATE MISSION MANAGEMENT UNIT
TRIPURA URBAN LIVELIHOODS MISSION (TULM)
URBAN DEVELOPMENT DEPARTMENT
GROUND FLOOR, IEI BUILDING, NEAR HOUSING BOARD-799006
Ph:- 0381-2310005

Notice

Subject:- Selection of the post of Chairman for State Level Shelter Monitoring Committee(SLSMC), Tripura.

Applications are invited from interested eligible bonafide candidates for the selection to the post of one Chairman for State Level Shelter Management Committee (SLSMC), Tripura as per the letter issued vide, no. F. M-13/23/2017-UPA-I Section-MHUPA, GoI.

Eligibility criteria

Officer retired at the level of Secretary to the State Government is the eligible for selection to the office of the Chairman, State Level Shelter Monitoring Committee (SLSMC), Tripura.

Honorarium:

1. **Sitting fee of Rs. 4000/- per day of sitting to Chairman of the committee**

The proforma of the application and guidelines for facilitating monitoring of Shelter for Urban Homeless (SUH) of DAY-NULM by the State Level Committees constituted as per order of Hon'ble Supreme Court are available at the http://tulm.tripura.gov.in

Interested candidates (officer retired at the level of Secretary to the State Government) may submit their application on-line via email in nulm.tripura@gmail.com and also through registered post **addressed to the Mission Director, TULM, Basement of IEI Building, Near Housing Board complex, Gurkhabasti, Agartala West Tripura Pin-799006** , Agartala as per prescribed format. The closing date and time for submission of the application is 5:00 PM on 05/09/2025.

Signed by
Subrata Majumder
Date: 14-08-2025 19:02:38
Addl. Mission Director
Tripura Urban Livelihoods Mission

PROFORMA

1. Name:

2. Date of Birth:

3. Residential Address:

4. Tel. No / Mobile No:

5. E-mail:

6. Educational Qualification:

7. Field of Specialization:

8. Present Service:

9. Achievements:

10. Work Experience:

Affix passport size photo here

Self Declaration

I, _____, aged _____ years and residing at _____, son/daughter/wife of _____, do hereby affirm/certify that information given above in the application (incl. Annexure) is true and correct and nothing has been concealed by me. I am aware of the consequence of giving false and incorrect information and I shall be responsible for the same. I further affirm/certify that in case I am found guilty of giving wrong declaration/documents, my selection/appointment shall be terminated.

Place: _____

Date: _____

(Signature & Name)

_____

Note: All relevant documents must be attached with this application.