

Form No. 1

Form of Application for grant of Certificate of Competency to a person (see rule 3)

1. Name

2. Date of Birth

3. Name of the Organisation

(If not self employed)

4. Designation

5. Educational Qualification

(copies of testimonials to be attached)

6. Details of professionals experience

(in chronological order)

Name of the Organisation	Period of Service	Designation	Area of Responsibility

7. Membership, if any, of professional bodies.

8. (i) Details of facilities (examination, testing etc.) at his disposal.

(ii) Arrangements for calibrating and maintaining the accuracy of these facilities.

9. Purpose for which competency certificate is sought (section or sections of the Act should be stated).

10. Whether the applicant has been declared as a Competent Person under any statute (if so, the details).

11. Any other relevant information.

12. Declaration by the applicant.

I..... hereby, declare that the information furnished above is true, I undertake--

(a) that in the event of any change in the facilities at my disposal (either addition or deletion) or my leaving the aforesaid organisation, I will promptly inform the Chief inspector;

(b) to maintain the facilities in good working order, calibrated periodically as per manufacturers instructions or as per National standards; and

(c) to fulfill and abide by all the conditions stipulated in the certificate of competency and instructions issued by the Chief Inspector from time to time.

Place:

Date:

Signature of applicant

Declaration by the Institution (if employed)

I..... certify that Shri..... whose details are furnished above, is in our employment and nominate him on behalf of the organisation for the purposes of being declared as a competent person under the Act, I also undertake that I will-

- (a) notify the Chief Inspector in case the competent person leaves our employment;
- (b) provide and maintain in good order all facilities at the disposal as mentioned above;
- (c) notify the Chief Inspector any change in the facilities (either addition or deletion).

Signature_____

Designation _____

Telephone No: Date

Official seal