

FORM- II

[see rule 6(1)]

Application form for recognition or renewal of recognition of Safety Auditor

(To be filled and submitted in duplicate by individuals)

1. Name :
2. Father`s/Husband`s Name :
3. Date of Birth and Age :
4. Permanent Address :
5. Address for Correspondence;
Telephone No. :
Mobile No. :
Fax :
E-mail :

6. Educational Qualification : (Attach Certified copies)

SL.No.	Degree/Diploma	College/Institution/University	Year of completion
1	2	3	4

7. Technical Qualification in Safety: (Attach certified copies)

SL.No.	Degree/Diploma	College/Institution/University	Year of completion
1	2	3	4

8. Work Experience (Attach certified copies)

SL.No.	Employment From - To	Name and address of the employer	Designation	Nature of Work Performed
1	2	3	4	5

9. For renewal of recognition.-

Certificate No. and date of issue:

10. Payment of Fees.-

Date and reference to payment of fees	Amount Paid
1	2

11. DECLARATION

I hereby declared that,

- (a) my recognition as a Safety Auditor was not revoked or cancelled in the past;
- (b) my recognition as a Safety Auditor was revoked or cancelled in the past, and its details are as follows :-

Date of revocation or cancellation and its order number, if any	Period From - To
1	2

Note.- If the recognition was cancelled or revoked twice in the past, the Safety Auditor is not eligible for recognition.

- c) I have carried out five or more Safety Audits in the past two years, the list showing the name, address of the factory and date of audits are attached herewith.
- d) I, ----- hereby declare that the information furnished above are correct to the best of my knowledge. I undertake to:
- (i) maintain the facilities in good working order, and
- (ii) maintain a log book of all safety audits undertaken by me, and
- (iv) fulfill and abide by the conditions, if any, stipulated in the certificate of recognition.
- (Enclose Applicant's Latest Photograph signed across)

Signature of the Applicant :

Full Name :

Date :

Place :

FORM - III

[see rule 6(1)]

Form of Application for recognition or renewal of recognition to an institution as Safety Auditor

- Name and full address of the Institution:
- Institution status (specify whether Government, autonomous, co-operative, corporate or private) with registration number:
- Name of head of Institution
 - Phone
 - Mobile No.
 - E-Mail address
 - Fax
 - GST Number
- Whether the Institution has been declared as a Safety Auditor by this State or any other State? If so, give details.
- Attach bio-data of the employed persons (at least three), in the Annexure attached to this application:
- Any other relevant information
- Certificate No. and date of issue: (in case of renewal)
- Payment of Fees.-

Date and reference to payment of fees	Amount Paid
1	2

9. DECLARATION

I hereby declare that,-

- Recognition of the institution as Safety Auditor was not revoked or cancelled in the past;
- the recognition of the institution as Safety Auditor was revoked or cancelled in the past, its details are as follows :-