

Appendix -A

Application form for recognition or renewal of laboratories for conducting medical examination of workers employed in the factories registered under the Factories Act, 1948 in the State of Karnataka from Department of Factories Boilers, Industrial Safety & Health , Karnataka State

01	Name of the Laboratory	
	Full Address of Laboratory	
	Tel. No. of the Laboratory	
	Fax No. of the Laboratory	
	Email address	
02	Name the Director/ Partner/ Owner of the Laboratory	
	Correspondence address of the Director/ Partner/ Owner of the Laboratory	
	Mobile No. of the Director/ Partner/ Owner	
	Email address the Director/ Partner/ Owner	
03	Trade licence number of the laboratory (Attach copy of the Trade Licence)	
04	Name, address, qualifications of the Pathologist, Doctors and Staffs employed in the laboratory (Submit attested documents of educational qualifications)	
05	Certification Number of Registration from NABL (Attach copy of the certificate)	
06	Registration Number of Registration under KPME Act ((Attach copy of the certificate)	
07	Details of facilities available for on-site sample collection/ examination/ transportation	
08	The Laboratory shall pay Rs.10,000/- (Rupees Ten thousand only) as registration fees & Rs.10,000/- (Rupees Ten thousand only) as registration renewal fees which is non refundable. Renewal has to be done after every 2 years.	

Note:

a.	Laboratory applying for recognition should pay the fees online and the fees are non refundable	
	Application shall be submitted to the following office; Address :- Director of Factories, Boilers, Industrial Safety & Health 2nd Floor, Kalyana-Suraksha Bhavana, Dairy Circle, Bannerghatta Road, Bengaluru - 560 029 Tel: 080-26531200 Email: directorfbish@gmail.com	
	Director of Factories, Boilers, Industrial Safety & Health, with prior consent from the Government, will have the right to cancel the recognition if any laboratory is found violating the regulations	

Place:

Date:
the

Signature of

Director/ Partner/ Owner of the Laboratory

(Affidavit should be submitted on Rs.100/- stamp paper and should be certified by Notary or Executive magistrate)

AFFIDAVIT

I, Sri/ Smt..... Director / Owner of (Name of Laboratory)

.....
Aged.....years,.....
...

Addresshereby submit on oath in writing as follows.

I have applied on behalf of.....(Name of Laboratory).....for recognition as Laboratory to conduct medical examination of workers employed in the factories registered under the Factories Act, 1948 as mandated under the said act and rules made thereunder.

I submit that the above said information is true & correct as per my knowledge and if any information furnished in this affidavit is found to be false I shall be liable for action against me.

Date:

Place:

**Deponent
Name, Signature & Stamp of the
Director/ Partner/ Owner**

Witness: