

FORM- A

[See rule 6(1)]

Applicant's
Latest
Photograph
signed
across

Application Form For recognition or renewal of recognition of Safety Auditor
(to be filled in by Individuals)
(In Duplicate)

1. Name :
2. Father/Husband Name :
3. Date of Birth and Age :
4. Permanent Address :
5. Address for Correspondence:

Telephone No. :
Mobile No. :
E-mail :

6. Educational Qualification : (Attach Certified copies)

Sr.No.	Degree	College/Institution/University	Year of completion
1.			

7. Technical Qualification in Safety (Attach certified copies)

Sr.No.	Degree	College/Institution/University	Year of completion

8. Work Experience (Attach certified copies)

Sr.No.	Employment Date From To	Name and address of Employer	Designation	Nature of work
1.				
2.				
3.				
4.				

9. For renewal of recognition.-
Certificate No. and date :

10. Details of the Training attended (attach copies).

Sr. No	Name of the Institution	Subject/Topics of the Training	Duration	
			From	To

11. Details of Payment of fees for Application:

Challen No/Reference No	Amount	Date

DECLARATION

I hereby declared that,

- a) My recognition as a Safety Auditor was not revoked or cancelled by the State Government 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- b) My recognition as a Safety Auditor was revoked or cancelled in the past, and its details are as follows :-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

- c) The list showing the name, address of the factory and date of audits are attached herewith.

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

- d) I have carried out three or more than three, Safety Audits in the past two years, the list showing the name, address of the factory and date of audits are attached herewith.

e) 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) Fulfill and abide by the conditions, if any, stipulated in the certificate of recognition.

f) I will not disclose, as a recognized Safety Auditor or after ceasing to be a recognized Safety Auditor, any manufacturing or commercial secrets or working processes or other confidential information which may come to my knowledge in the course of my duties as an auditor and any failure in this regard may make me liable for criminal or civil proceedings, in accordance with the law for the time being in force or any rules made thereunder.

Date:

Signature of the Applicant:

Place:

Full Name: