

FORM – B

[See rule 6(1)]

Form of Application for recognition or renewal of recognition to an
Institution as Safety Auditor
(In Duplicate)

1.	Name and full address of the Institution:	
2.	Institution status (specify whether Government, autonomous, co-operative, corporate or private) with registration number:	
3.	a) Name of Head of Institution b) Phone/Mobile No. c) E-Mail address	
4.	Whether the Institution has been declared as a Safety Auditor by this State or any other State? If so, give details.	
5.	Attach details of at least three employed persons, in the Annexure attached to this application :	
6.	Any other relevant information	
7.	Certificate No. (in case of renewal)	
8.	Challen No/Reference No/Amount/Date	

9. DECLARATION

I hereby declare that,-

(a) Recognition of the institution as Safety Auditor was not revoked or cancelled by the State Government in the past;

(b) the recognition of the institution as Safety Auditor was revoked or cancelled in the past, its details are as follows :-

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

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

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

(d) I, hereby declare that the persons whose details is attached to the application are employees of the institution whose copies of appointment letters are attached herewith.

(e) I, ----- hereby declare that the information furnished above for ----- (name of the Institution) is correct to the best of my knowledge. I undertake to,-

(i) notify to the Chief Inspector immediately, in case the employed person on the basis of which this recognition was procured leaves the employment,

(ii) Maintain the facilities in good working order,

(iii) Fulfill and abide by all the conditions stipulated in the certificate of recognition.

(iv) not to 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.

Signature of the Head of the Institution: -----

Designation: -----

Place: -----

Date: -----

Annexure to Form – B

Personal Information of the persons employed:

Latest Photograph signed Across.

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

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		Name and address of Employer	Designation	Nature of work
	From	To			

9. Details of the Training attended (Attach copies).

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

DECLARATION

I hereby declare that all information provided in this annexure is true and correct to the best of my knowledge. If recognised, I agree to abide by and uphold the high standard of professional ethics in discharge of my duties as a Safety Audit.

Signature of the Applicant:

Full Name:

Date:

Place: