

**FORM OF APPLICATION FOR GRANT OF CERTIFICATE OF
COMPETENCY TO A PERSON**

which competency is sought, specify also Section / Sections of the Act	
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Passport Size Photograph

1. NAME IN FULL :
(SURNAME FIRST)

2. Address in Full :
&
Telephone No. /
Mobile No. /
E-Mail

3. Date of Birth :

4. a) Name & Address of the :
Organisation
(If not self employed)
&
Tel. No. /
Mobile No. /
E-mail

b) Designation Post held :

5. Details of Education Qualification (attested copies of testimonials to be attached).

Sr. No.	Degree / Diploma	Year of Passing	Class	Name of the University
1.				
2.				
3.				

6. Details of Professional Experience (in chronological order)
(Experience Certificate copy to be enclosed)

Name of the Organisation	Period of Service	Designation	Area of Responsibility in details

7. Membership if any of professional bodies :

8. i) Details of test facilities available for examination at his disposal : a) FOR PRESSURE VESSELS :

b) FOR LIFTING MACHINES, CHAIN ROPES, LIFTING TACKLES / HOIST LIFTS :

- ii) Details of recent Calibration carried out copies to be attached. : a) Name of the Firm from where calibration is carried out :

b) Certificate No. & Date

9. Experience with regard to conduct of examination of : a) PRESSURE VESSEL :
(Attach copies of documentary proof including copies of examination reports) b) LIFTING MACHINES, CHAIN ROPES, LIFTING TACKLES & HOISTS LIFTS :

10. Whether the applicant has been declared as Competent Person under any other State (If so, furnish details) :

11. Any other relevant information :

I, _____, hereby declare that the information furnished above is true, I undertake :

- a) That in the event of any change in the facilities at any disposal (either addition or deletion) or my leaving the aforesaid organization, I will promptly inform The Director, Industrial Safety & Health;
- 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 or competency and instructions issued by The Director, Industrial Safety & Health, from time to time.

Place : _____

Date : _____

Signature : _____

TO BE FILLED IN 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 organization for the purpose of being declared as Competent Person under the Factories Act, 1948. I also undertake that I will :

- a) Notify the Director, Industrial Safety & Health in case the competent person leaves our employment.
- b) Provide and maintain in good order all facilities at his disposal as mentioned above.
- c) Notify the Director, Industrial Safety & Health any change in the facilities at this disposal as mentioned above.
- d) Notify the Director, Industrial Safety & Health, any change in the facilities (either addition or deletion).

Date : _____

Signature : _____

Designation : _____