

7. DETAILS OF PRESSURE VESSELS WHICH WERE FOUND DEFECTIVE DURING EXAMINATION AND THE ACTION TAKEN THEREOF [RULE 65(7)(a) OF MAHARASHTRA FACTORIES RULES, 1963]
8. ENCLOSE COPY OF THE CALIBRATION CERTIFICATES & LOG BOOK IN RESPECT OF EXAMINATION OF PRESSURE VESSELS / LIFTING MACHINES ETC. FOR THE YEAR 2018.
9. DECLARATION BY THE APPLICANT :

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

- a) that in the event of any change in the facilities at my disposal (either addition or deleted) or my leaving the aforesaid organisation, I will promptly inform the Director, Industrial Safety & Health, Maharashtra State, Mumbai.
- b) to maintain the facilities in good working order, calibrated periodically as per manufacturers instructions or as per National Standards, and
- c) to fulfil & abide by all the conditions stipulated in certificate of competency & instructions issued by The Director, Industrial Safety & Health, Maharashtra State, Mumbai from time to time.

Place : _____

Signature : _____

Date : _____

Designation : _____

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 organisation for the purpose of being declared as competent person under the Act. I also undertake that I will;

- a) Notify the Director, Industrial Safety & Health, Maharashtra State, Mumbai 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, Maharashtra State, Mumbai any change in the facilities at his disposal as mentioned above.
- d) Notify the Director, Industrial Safety & Health, Maharashtra State, Mumbai any change in the facilities (either addition or deletion)

Place : _____

Signature : _____

Date : _____

Designation : _____