APPLICATION FOR RENEWAL OF CERTIFICATE OF DECLARATION OF COMPETENT PERSON FOR THE YEAR 2019

C. P.	NO.: / 2018		
	wal of declaration of competent person under on 28/29/31/Solvent Extraction Plant		
1. 2. 3.	A) NAME IN FULL (SURNAME FIRST) B) PHONE / MOBILE NO. C) E-MAIL ADDRESS QUALIFICATION AGE	: : :	
4.	RESIDENTIAL ADDRESS IN FULL	:	
5.	A) NAME & ADDRESS OF YOUR ORGANISATION (IF IN SERVICE, APPLICATION SHALL BE SUBMITTE THROUGH EMPLOYER) TEL. NO.	: D	
	B) DESIGNATION / POST HELD	:	
	C) NO. OF PERSONS EMPLOYED BY YOU FOR ASSISTING IN EXAM. OF PRESSURE VESSELS / LIFTING MACHINES		 i) No. of Engineers / Supervisor (Name and Qualification) ii) No. of workers :

6. DETAILS OF FACILITIES AVAILABLE FOR EXAMINATION (FOR PRESSURE VESSELS & LIFTING MACHINE ETC.)

Sr.	Name of the	Make	Date of	Range	Date of	Firm from which	Remarks
No.	Instrument / Machine		Purchase		Calibration	instrument is	
						calibrated	

- 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 : _____

Date : _____

Signature : _____ Designation : _____