

**FORM OF APPLICATION FOR GRANT OF CERTIFICATE OF COMPETENCY TO
A PERSON UNDER SUB RULE (2) OF RULE 2A.**

1. NAME
2. DATE OF BIRTH
3. NAME OF THE ORGANISATION (IF NOT SELF EMPLOYED)
4. DESIGNATION
5. EDUCATIONAL QUALIFICATION (COPIES OF TESTIMONIALS TO BE ATTACHED).
6. DETAILS OF PROFESSIONAL EXPERIENCE. (IN CHRONICAL ORDER)

NAME OF THE ORGANISATION	PERIOD OF SERVICE	DESIGNATION	AREA OF RESPONSIBILITIES

7. MEMBERSHIP, IF ANY, OF PROFESSIONALS BODIES.
8. (I) DETAILS OF FACILITIES (EXAMINATION, TESTING ETC.) AT HIS DISPOSAL,
(II) ARRANGEMENTS FOR CALIBRATING AND MAINTAINING THE ACCURACY OF THESE FACILITIES.
9. PURPOSE FOR WHICH COMPETENCY CERTIFICATE IS SOUGHT (SECTION OR SECTIONS OF THE ACT SHOULD BE STATED).
10. WHETHER THE APPLICANT HAS BEEN DECLARED AS A COMPETENT PERSON UNDER ANY STATE (IF SO, THE DETAILS).
11. ANY OTHER RELAVANT INFORMATION.
12. 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 DELETION) OR MY LEAVING THE AFORESAID ORGANISATION, I WILL PROMPTLY INFORM THE CHIEF INSPECTOR.

- (B) TO MAINTAIN THE FACILITIES IN GOOD WORKING ORDER CALIBRATED PERIODICALLY AS PER MANUFACTURERS INSTRUCTION OR AS PER NATIONAL STANDARDS, AND
- (C) TO FULFIL AND ABIDE BY ALL THE CONDITIONS STIPULATED IN THE CERTIFICATE OF COMPETENCY AND INSTRUCTION ISSUED BY THE CHIEF INSPECTORS FROM TIME TO TIME.

SIGNATURE OF THE APPLICATION

PLACE:

DATE:

DECLARATION 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 A COMEPTENT PERSON UNDER THE ACT. I ALSO UNDETRTAKE THAT I WILL

- (A) NOTIFY THE CHIEF INSPECTOR IN CASE THE COMPETENT PERSON LEAVES OUR EMPLOYMENT;
- (B) PROVIDE AND MAINTAIN IN GOOD ORDER ALL FACILITIEIS AT HIS DISPOSAL AS MENTIONED ABOVE;
- © NOTIFY THE CHIEF INSPECTOR ANY CHANGE IN THE FACILITIES (EITHER ADDITION, OR DELETION).

SIGNATURE-----

DESIGNATION-----

TELEPHONE NO.

OFFICIAL SEAL.

**FORM OF APPLICATION FOR GRANT OF CERTIFICATE OF COMPETENCY TO
AN INSTITUTION UNDER SUB RULE (2) OF RULE 2A.**

1. NAME & FULL ADDRESS OF THE ORGANISATION
2. ORGANISATION'S STATUS (SPECIFIC WHETHER GOVERNMENT, AUTONOMOUS, CO-OPERATIVE, CORPORATE OR PRIVATE).
3. PURPOSE FOR WHICH COMPETENCY CERTIFICATE IS SOUGHT SPECIFY SECTION (2) OF THE ACT.
4. WHETHER THE ORGANISATION HAS BEEN DECLARED AS A COMPETENT PERSON UNDER THIS OR ANY OTHER STATE, IF SO, GIVE DETAILS
5. PARTICULARS OF PERSONS EMPLOYED AND POSSESSING QUALIFICATIONS AND EXPERIENCE AS SET OUT IN SCHEDULE ANNEXED TO SUB RULE (1) OF THE RULE 2A

S.NO.	NAME AND DESIGNATION	QUALIFICATIONS	EXPERIENCE	SECTION AND THE RULES UNDER WHICH COMPETENCY SOUGHT FOR

6. DETAILS OF FACILITIES (RELEVANT TO ITEM 3 ABOVE) AND ARRANGEMENTS MADE FOR THEIR MAINTENANCE AND CALIBRATION PERIODICALLY
7. ANY OTHER RELEVANT INFORMATION.

8. DECLARATION: -.

I, -----, HEREBY, ON BEHALF OF ----- CERTIFY THE DETAILS FURNISHED ABOVE ARE CORRECT TO THE BEST OF MY KNOWLEDGE.

I UNDERTAKE TO-

1. TO MAINTAIN THE FACILITIES IN GOOD WORKING ORDER,
CALIBRATED PERIODICALLY AS PER MANUFACTURERS INSRUCTUIONS OR
AS PER NATIONAL STANDARDS, AND

2. TO FULFIL AND ABIDE BY ALL THE CONDITIONS STIPULATED IN
THE CERTIFICATE OF COMEPTENCY AND INSTRUCTION ISSUED BY THE
CHIEF INSPECTORS FROM TIME TO TIME.

SIGNATURE OF HEAD OF THE INSTITUTION
OR OF THE PERSONS AUTHORISED TO SIGN
ON HIS BEHALF -----
DESIGNATION-----

PLACE & DATE.

.
.