

FORM NO. 26

(Prescribed under Rule 2(A))

**FORM OF APPLICATION FOR GRANT OF CERTIFICATE OF COMPETENCY TO A
PERSON UNDER SUB-RULE (3) OF RULE 2(A).**

1. Name
2. Date of Birth
3. Name of the Organization
(if not self-employed).
4. Designation
5. Educational qualification (copies of testimonials
to be attached).
6. Details of professional experience
(in chronological order).

Name of the Organization	Period of service	Designation	Area of Responsibility

7. Details of facilities if any, of professional 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 other statute
(if so, furnish details)
11. Any other relevant information.
12. Declaration by the applicant.

I..... hereby declare that the information furnish above is true, I undertake-

- (a) that in the event any change in the facilities at my disposal (either addition or deletion) or my leaving the aforesaid organization, 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 fulfill and abide by all the conditions stipulated in the certificate of competency and instructions issued by the Chief Inspector from time to time.

Place :

Date :

Signature

To be filled by 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 a competent person under the Act. I also undertake that I shall-

- (a) notify the Chief Inspector 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 Chief Inspector any change in the facilities (either addition or deletion).

Signature :

Designation :

Telephone No. :

Date :

Official Seal