

Form II

(See rule 4 (2))

Form of Application for Recognition of an Organization as Occupational Safety and Health Auditor

- (1) Name and full address of the :
Organization
- (2) Organization's status (specify whether :
Government, Autonomous, Co-
operative, corporate or private)
- (3) Whether the organization has been :
recognized as an Occupational Safety
and Health Auditor under any other
statute. If so, give details.
- (4) Particulars of person's employed and :
possessing qualification and experience

Sr. No.	Name and Designation	Qualifications	Experience
(1)			
(2)			

- (5) Membership, if any, of professional :
bodies
- (6) Any other relevant information :

Declaration:

I, _____ hereby, on behalf of _____ certify the details furnished above are correct to the best of my knowledge, I undertake to –

- (i) notify the Chief Inspector about any change in the details of employees (either additions or deletion).
- (ii) to fulfill and abide by all the conditions stipulated in the certificate of recognition and instructions issued by the Chief Inspector from time to time

Place:

Date:

Signature of Head of the Organization
Or of the person authorized to sign
On behalf of Organization.

Designation