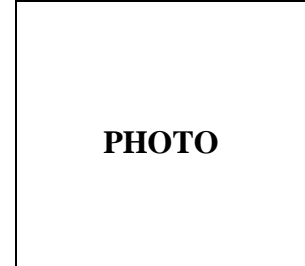


Form I
(See rule 4 (2))

Form of Application for Recognition of a person as Occupational Safety and Health Auditor

- (1) Name of the Applicant :
- (2) Full Residential Address :
- (3) Date of Birth :
- (4) E-mail ID :
- (5) Contact No. :
- (6) Educational qualifications :
(Enclose certificates)
- (7) Details of professional :
experience. (in chronological
order)



Name of the Organization	Period of service	Designation	Area of responsibility

- (8) Membership, if any, of professional bodies :
- (9) Any other relevant information :

Declaration by the Applicant:

I,....., hereby declare that the information furnished above is true and I undertake to fulfill and abide by the conditions stipulated in the certificate of recognition and instructions issued by the Chief Inspector from time to time, if any.

Place:

Date:

Signature