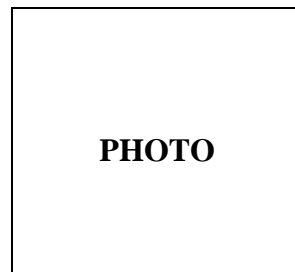


FORM – 0-4

(see rule 74 (6), 90 O (3) and 110 (8))

Form of Application for Recognition as Safety Officer / Factory Medical Officer / Welfare Officer

- (1) Name of the Applicant :
- (2) Full Residential Address :
- (3) Date of Birth :
- (4) E-mail ID :
- (5) Contact No. :
- (6) Recognition as Safety Officer / Factory Medical Officer / Welfare Officer :
- (7) Educational qualifications :
(Enclose certificates)
- (8) Details of professional experience, if any (in chronological order) :



Name of the Organization	Period of service	Designation	Area of responsibility
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- (9) Knowledge of Konkani (for Safety Officer & Welfare Officer) :
- (10) Membership, if any, of professional bodies :
- (11) 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