

FORM – 0-5

(see rule 90-O (4))

Form of Application for Grant of Certificate of Recognition as Occupational Health Laboratory to an Institution

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

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

- (5) Details of facilities and equipments :
available at disposal (Refer rule 90-O (4) (b))
- (6) Membership, if any, of professional :
bodies
- (7) 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) Maintain the facilities and equipments in good working order, calibrated periodically as per manufacturers instruction or as per National Standards; and
- (ii) Notify the Chief Inspector any change in the facilities, equipments and the person's employed (either additions or deletion).
- (iii) 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 Institution
or of the person authorized to sign
on its behalf

Designation