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, Cooperative, 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

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<th>Sr. No.</th>
<th>Name and Designation</th>
<th>Qualifications</th>
<th>Experience</th>
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(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