**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) 

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<th>Name of the Organization</th>
<th>Period of service</th>
<th>Designation</th>
<th>Area of responsibility</th>
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(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 form time to time, if any.

Place: 

Date: 

Signature