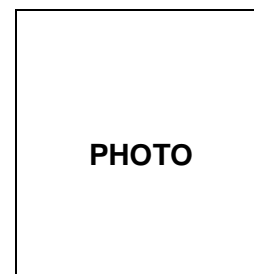


FORM – 0-4

(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 :
(1.a) Permanent Account Number (PAN) :
(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 |
|--------------------------|-------------------|-------------|------------------------|
| | | | |

- (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