

**FORM OF APPLICATION FOR GRANT OF APPROVAL AS
“COMPETANT PERSON” UNDER RULE 2 (j) OF THE BUILDING AND OTHER
CONSTRUCTION WORKERS (REGULATION OF EMPLOYMENT AND CONDITIONS OF
SERVICE) CENTRAL RULES, 1998**

A. PERSONAL DATA

1. NAME IN FULL :
(MR/MRS/MS)
2. FATHER'S / HUSBAND'S :
NAME IN FULL
3. ADDRESS IN FULL :
4. DATE OF BIRTH :
5. NAME OF THE TESTING :
ESTABLISHMENT / ORGANISATION
(WHERE PRESENTLY EMPLOYED)
6. DESIGNATION / POST HELD :
7. EDUCATIONAL QUALIFICATION :
(COPIES OF SUPPORTING DOCU-
MENTS TO BE ATTACHED)
8. DETAILS OF PROFESIONAL :
EXPERIENCE

Sl. No.	Name of Organisation/ Testing Establishment	Period of Service		Total Experience (YY/MM/DD)	Designation/ Post Held	Area of Responsibility/ Activity
		From	To			

9. MEMBERSHIP, IF ANY, OF :
PROFESSIONAL BODIES

B. TESTING ESTABLISHMENT DATA

10. REGISTERED NAME OF THE TESTING ESTABLISHMENT/
ORGANISATION :
11. TELEPHONE NO. :
12. TELEX NO. :
13. FAX NO. :
14. DETAILS FOR FACILITIES FOR TESTING / EXAMINATION, ETC,
AVAILABLE :
15. DETAILS OF RECENT CALIBRATION CARRIED OUT
(COPIES TO BE ATTACHED) :
- (a) NAME OF THE FIRM WHERE CALIBRATION CARRIED OUT :
- (B) CERTIFICATE NO. AND DATE :

C. MISCELLANEOUS

16. PURPOSE FOR WHICH COMPETENCY : TESTING, EXAMINATION AND
IS REQUIRED CERTIFICATION OF
(TICK MARK THE APPROPRIATE BOX)

- | | | |
|-------|---|--------------------------|
| (i) | LIFTING APPLIANCES UNDER RULE 56 & 62 | <input type="checkbox"/> |
| (ii) | LIFTING GEARS UNDER RULE 70 & 72 | <input type="checkbox"/> |
| (iii) | WIRE ROPES UNDER RULE 71 & 62 | <input type="checkbox"/> |
| (iv) | HEAT TREATMENT OF LIFTING GEARS UNDER RULE 72 | <input type="checkbox"/> |
| (v) | PRESSURE PLANTS & EQUIPMENT UNDER RULE 207 | <input type="checkbox"/> |

17. WHETHER THE APPLICANT HAS BEEN :
DECLARED AS A COMPETENT PERSON
UNDER ANY OTHER STATUTES
(TICK MARK THE APPLICABLE BOX)

- | | | |
|-------|---|--------------------------|
| (i) | THE FACTORIES ACT, 1948 | <input type="checkbox"/> |
| (ii) | THE MINES ACT, 1952, | <input type="checkbox"/> |
| (iii) | THE DOCK WORKERS (SAFETY, HEALTH & WELFARE) ACT, 1986 | <input type="checkbox"/> |

(IF SO, GIVE THE DETAILS THERE OF) :

18. ANY OTHER RELEVANT INFORMATION :

D. FOR RENEWAL OF COMPETENCY

19. COMPETENCY CERTIFICATE NO. :
AND DATE UNDER WHICH
COMPETENCY WAS GIVEN
20. PURPOSE FOR WHICH COMPETENCY :
WAS GIVEN
21. DATE UPTO WHICH COMPETENCY IS :
/ WAS VALID
22. ANY ADDITION IN TESTING :
FACILITIES AFTER THE LAST
COMPETENCY AWARDED

E. DECLARATION BY THE APPLICANT

I, _____ hereby declare that the information furnished above by me is true. Further, I undertake :

- a) that, in the event of any change in the facilities either addition or deletion or my leaving the aforesaid testing establishment / organization, I will promptly inform the Director General, DGFASLI;
- b) to maintain the facilities in good working order, as per manufacturer's instructions and calibrate it periodically; and
- c) to fulfill and abide by all the conditions stipulated in the certificate of competency and relevant provisions under the Building and Other Construction Workers (Regulation of Employment and Conditions of Service) Central Rules, 1998

Place :

Date :

Signature of the Applicant

**F. DECLARATION BY THE OWNER / HEAD OF THE TESTING ESTABLISHMENT/
ORGANISATION.**

We _____, certify that Shri. _____ whose details are furnished above, is in our employment and I / We nominate him on behalf of the testing establishment/ organization, for the purpose of being declared as a competent person under Rule 2 (j) of the Building and Other Construction Workers (Regulation of Employment and Conditions of Service) Central Rules, 1998.

I / We also undertake that I / We shall :

- a) notify the Director General, DGFASLI, in case the competent person leaves our employment ;
- b) provide and maintain in good working order all the testing facilities at our disposal as mentioned above; and
- c) notify the Director General, DGFASLI, any change in the facilities (either addition or deletion).

Further, I / We certify that the information furnished in this application is correct.

PLACE :

Signature :

Name :

DATE :

Designation :

* OFFICE SEAL