

**GOVERNMENT OF INDIA  
MINISTRY OF LABOUR & EMPLOYMENT  
CENTRAL LABOUR INSTITUTE, MUMBAI  
(DIRECTORATE GENERAL FACTORY ADVICE SERVICE & LABOUR INSTITUTES)  
P R O F O R M A**

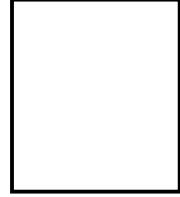
**Application form for admission to One Month Specialized Certificate Course in safety & health for  
supervisory personnel working in hazardous process industries**

1. Name (In English, Capital letters):-----

(In Hindi) :-----

2. Male / Female :-----

3. Date of Birth :-----



4. Individual's address for correspondence with contact no./e-mail:-----  
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-----5. Name & address of the  
sponsoring organisation :-----  
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-----6. **Whether hostel accommodation is required or not:**  
Yes / No (Tick the option)

7. Educational qualifications (**attach attested copies of certificate & marks sheet of the qualifying examination only**)

Examination	Institution	Board / University	Year of passing	% of marks	Division

8. Experience (**attach attested copies of certificates from employers for qualifying experiences only**)

Name of the organisation	Duration		Nature of experience
	From	To	

I hereby certify that the information given above is true to the best of my knowledge and belief.

Date & Place:

**Applicant's signature**

**Certificate from sponsoring authority**

Shri.....Designation..... is hereby sponsored to attend the above Certificate Course.

Date:

Fax No. :

(Admission to the course will be possible only after production of original certificates w.r.t. minimum required qualification & experience)

Signature & Designation of sponsoring authority **with office seal**