



GOVERNMENT OF INDIA,
MINISTRY OF LABOUR & EMPLOYMENT
REGIONAL LABOUR INSTITUTE
(DIRECTORATE GENERAL FACTORY ADVICE SERVICE & LABOUR INSTITUTES)
TTTI POST, ADYAR, CHENNAI – 600 113

**APPLICATION FORM (2015) FOR ADMISSION TO ONE MONTH CERTIFICATE COURSE
ON SAFETY & HEALTH FOR SUPERVISORY PERSONNEL WORKING IN HAZARDOUS
PROCESS INDUSTRIES AT REGIONAL LABOUR INSTITUTE, CHENNAI.**

P R O F O R M A

1. Name (In English, Capital letters):

2. Male / Female :

3. Date of Birth :

4. Category (Gen/SC/ST/OBC):

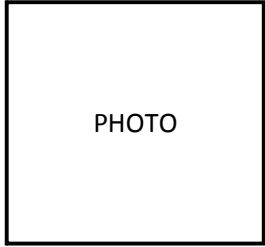
5. Individual's address for correspondence:

6. Name & address of the sponsoring organisation:

7. Whether hostel accommodation is required or not: Yes / No

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

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



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

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:

E-mail Address:

Applicant's Signature

Certificate from Sponsoring authority

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

Date & Place:

Fax No.:

Signature & Designation of sponsoring authority affixed with
Office seal

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