

GOVERNMENT OF INDIA, MINISTRY OF LABOUR & EMPLOYMENT  
**REGIONAL LABOUR INSTITUTE, FARIDABAD.**  
(DIRECTORATE GENERAL FACTORY ADVICE SERVICE & LABOUR INSTITUTES)

**APPLICATION FORM (2014) FOR ADMISSION TO ONE MONTH CERTIFICATE  
COURSE ON SAFETY & HEALTH FOR SUPERVISORY PERSONNEL WORKING  
IN HAZARDOUS PROCESS INDUSTRIES**

**PROFORMA**

1. Name (In English, Capital letters):

(In Hindi) :

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:

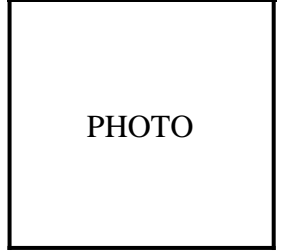
7. Whether hostel accommodation is required or not: Yes / No

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 in the form 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**