SIXTEENTH SCHEDULE
[Section 29]

APPLICATION FORM FOR THE REGISTRATION TO PRACTISE AS A SAFETY AND HEALTH OFFICER

Name of applicant .....

Address .....

Occupation .....

National Identity Card no./ Passport no.* .....

Telephone no. ..... Mobile no. .....

Email address ..... Fax no. .....

Relevant qualifications held ……..……
(*Documentary evidence to be enclosed*)

Are you involved in any kind of work activity for financial gain of any nature other than that of a Safety and Health Officer? .....…….

If in the affirmative, please provide the following information

	Name of employer	Business Registration no. (BRN)	Other Identification no. (e.g. Registration no./ Society no./ Licence no./ Employer Code no./ NIC no./ Passport no.	Existing or new employer	Address/(es) of place(s) of work	No. of employees	Please specify whether full-time or part-time and working hours
(1)							
(2)							
(3)							
(4)							

I hereby apply for registration to practise as a Safety and Health Officer at the place(s) of work for the employer(s) referred to above.

I am aware that any person who knowingly or recklessly makes a false statement in purported compliance with a requirement to furnish any information imposed by or under the Occupational Safety and Health Act shall commit an offence.

Note

The following shall be attached to the application –

(a) documentary evidence of employment as Safety and Health Officer;

(b) plan of work;

(c) such other particulars as the Permanent Secretary may require.

…… ……

Date Signature

FOR OFFICE USE ONLY

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(1) The application is –

(a) recommended for registration for the following employer(s) –

SN	Name of employer(s)	File(s) no.

(b) not recommended for the following reasons –

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.....

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…… ……

Name of officer Signature

…… ……

Rank Date

(2) The application is approved/ not approved*.

Registration fee (……. rupees) paid/not paid*

Entries made at folio no. .....in the register of Safety and Health Officer

…… ……

Name of officer f/Permanent Secretary

……

Date