

Appendix- III

Application for renewal of Supervisor Competency Certificate

I hereby apply for the renewal of my Competency Certificate which is attached (vide details given below):

1	a)	Name of the applicant (as in the Competency Certificate/ permit)	
	b)	Age and date of birth	
	c)	The date on which the applicant completes 55 years. (Attach medical fitness certificate in case age is above 60 years).	
2	Address with Pin Code		
3	Supervisor Competency Certificate No.		
4	Date of expiry of the Supervisor Competency Certificate		
5	Whether the application for renewal is belated. If so, the period (in months) by which the renewal is late.		
6	Details of fees remitted		
	Name of Treasury		
	Amount remitted		
7	Name and address of the employer, if any. If the employer is a contractor, his License Number should be quoted		
8	Whether there is any change of employer during the period subsequent to the last renewal		
9	Whether there is any change of address, if so mention new address.		
10	Medical Fitness Certificate by Registered Medical Practitioner		
11	Whether attached with contractor. If Yes, name and address of the firm.		

I solemnly declare that the information above is correct and I am not suffering from any disease effecting the functional requirement of site for Electrical Works.

Place:

Date :

Signature of applicant