

**FORM OF APPLICATION FOR GRANT OF APPROVAL AS  
“COMPETANT PERSON” UNDER REGULATION 2(D) OF THE DOCK WORKERS  
(SAFETY, HEALTH AND WELFARE) REGULATIONS, 1990.**

**PERSONAL DATA**

1. NAME IN FULL :  
(MR/MRS/MS)
2. FATHER’S / HUSBAND’S :  
NAME IN FULL
3. ADDRESS IN FULL :
4. DATE OF BIRTH :
5. NAME OF THE TESTING :  
ESTABLISHMENT / ORGANISATION  
(WHERE PRESENTLY EMPLOYED)
6. DESIGNATION / POST HELD :
7. EDUCATIONAL QUALIFICATION : Degree  
Diploma/M.O.T  
Courses on NDT
8. DETAILS OF PROFESIONAL :  
EXPERIENCE

Sl. No.	Name of Organisation/ Testing Establishment	Period of Service		Total Experience (YY/MM/DD)	Designation/ Post Held	Area of Responsibility/ Activity
		From	To			

9. MEMBERSHIP, IF ANY, OF :  
PROFESSIONAL BODIES

NOTE: COPIES OF SUPPORTING DOCUMENTS TO BE ATTACHED FOR THE INFORMATION FURNISHED UNDER THE SERIAL NO. 4- 8.

**B. TESTING ESTABLISHMENT DATA**

10. REGISTERED NAME OF THE TESTING ESTABLISHMENT/  
ORGANISATION :
11. TELEPHONE NO. :
12. TELEX NO. :
13. FAX NO. :
14. DETAILS FOR FACILITIES FOR TESTING / EXAMINATION, ETC,  
AVAILABLE :
15. DETAILS OF RECENT CALIBRATION CARRIED OUT  
(COPIES TO BE ATTACHED) :
- (a) (a) NAME OF THE FIRM WHERE CALIBRATION CARRIED OUT :
- (B) CERTIFICATE NO. AND DATE :

**C. MISCELLANEOUS**

16. PURPOSE FOR WHICH COMPETENCY : TESTING,  
EXAMINATION IS REQUIRED AND CERTIFICATION OF  
(TICK MARK THE APPROPRIATE ITEM :  
AND WRITE THE TESTING CAPACITY  
APPLIED FOR )
- (i) LIFTING APPLIANCES UNDER REGULATION 41, 50, 51
- (ii) LIFTING GEARS UNDER REGULATION 47, 50, 51
- (iii) WIRE ROPES UNDER REGULATION 48, 50, 51
- (iv) HEAT TREATMENT OF LIFTING GEARS UNDER REGULATION 49, 50, 51

17. WHETHER THE APPLICANT HAS BEEN :  
DECLARED AS A COMPETENT PERSON  
UNDER ANY OTHER STATUTES  
(TICK MARK THE APPLICABLE BOX)

(i) THE FACTORIES ACT, 1948

(ii) THE MINES ACT, 1952,

(iii) THE DOCK WORKERS (SAFETY, HEALTH & WELFARE) ACT, 1986

(IF SO, GIVE THE DETAILS THERE OF ALONGWITH THE COPY OF THE  
COMPETENCY CERTIFICATES) :

18. ANY OTHER RELEVANT INFORMATION :

**D. FOR RENEWAL OF COMPETENCY**

19. COMPETENCY CERTIFICATE NO. :  
AND DATE UNDER WHICH  
COMPETENCY WAS GIVEN

20. PURPOSE FOR WHICH COMPETENCY :  
WAS GIVEN

21. DATE UPTO WHICH COMPETENCY IS :  
/ WAS VALID

22. ANY ADDITION IN TESTING :  
FACILITIES AFTER THE LAST  
COMPETENCY AWARDED

**E. DECLARATION BY THE APPLICANT**

I, \_\_\_\_\_ hereby declare that the information furnished above by me is true. Further, I undertake:

- a) that, in the event of any change in the facilities either addition or deletion or my leaving the aforesaid testing establishment / organization, I will promptly inform the Director General, DGFASLI;
- b) to maintain the facilities in good working order, as per manufacturer's instructions and calibrate it periodically; and
- c) to fulfill and abide by all the conditions stipulated in the certificate of competency and relevant provisions under the Dock Workers (Safety, Health and Welfare) Regulations, 1990.

Place:

Date :

Signature of the Applicant

**F. DECLARATION BY THE OWNER / HEAD OF THE TESTING ESTABLISHMENT/  
ORGANISATION.**

We \_\_\_\_\_ certify that Shri. \_\_\_\_\_ whose details are furnished above, is in our employment and I / We nominate him on behalf of the testing establishment/ organization, for the purpose of being declared as a competent person under Dock Workers (Safety, Health and Welfare) Regulations, 1990.

I / We also undertake that I / We shall:

- a) notify the Director General, DGFASLI, in case the competent person leaves our employment ;
- b) provide and maintain in good working order all the testing facilities at our disposal as mentioned above; and
- c) notify the Director General, DGFASLI, any change in the facilities (either addition or deletion).

Further, I / we certify that the information furnished in this application is correct.

PLACE:

Signature :

Name :

DATE :

Designation :

\* OFFICE SEAL