

Distribution Code Review Panel
Application for HSE officer / Electrical Safety Rules Instructor Assessment

Name :
Name of Company/ sponsor:
Age :

Passport No : **Date of Expiry:**
 Copy of passport is to be attached

Visa No (if applicable): **Date of Expiry:**
 Copy of visa is to be attached
(** note –Visa under process /Visit visa will not be considered)

Resident Card No.: **Date of Expiry:**
 Copy of Labor card is to be attached

Qualification:
 above required degree
 equivalent to the required degree
 below required degree

Qualification Details:

S. No.	Degree	Specialization	Accrediting Institute	Year Qualified	Attested Qualification Cert. Copy is attached
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

Copy of Qualification Certificate/s is to be attached with attestation from relevant authorities

Experience:
 More than the required
 equivalent to the required
 below the required

Experience Details:

S. No.	Name of Company	Country	Position Held	Total No. of years	Attested Experience Cert. Copy is attached
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

Copy of Experience Certificate/s is to be attached

Signature of Authorized Person:

Designation:

Date:

Seal of the company