

**Form -1**

{see rule {6 (1)}

**APPLICATION FOR GRANT OF CERTIFICATE OF COMPETENCY/WIREMAN PERMIT**

- 1. **Name of Applicant:** \_\_\_\_\_
- 2. **Father's Name:** \_\_\_\_\_
- 3. **Sex:** \_\_\_\_\_
- 4. **Nationality:** \_\_\_\_\_ **Aadhaar No.** \_\_\_\_\_
- 5. **Date of birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days
- 6. **Permanent Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 7. **Address for communication:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 8. **Mobile No.** \_\_\_\_\_ **E-mail Id:** \_\_\_\_\_

9. **Educational/Technical Qualification:**

Serial Number	Name of Exam.	Name of Board/University	Year of passing	Marks obtained/ Max. Marks	% age

10. Whether you are holder of Certificate of Competency/Wireman Permit issued by any State Licensing Board/Chief Electrical Inspector. If so, give details:

Serial Number	Category	Permit number	Issuing Authority	Date of issue with validity

11. Are you employed on permanent basis? If so, give detail:

Serial Number	Name of employer	Description of the post held by the applicant	From	To

12. Detail of experience:

Serial Number	Name of employer	Description of the post held by the applicant	From	To

13. Details of Fees:

Amount	Challan/GRN Number	Date	Name of Treasury

I hereby declare that the particulars stated above are correct to the best of my knowledge. I am not a holder of Supervisor Competency Certificate issued by the State Licensing Board/Chief Electrical Inspector other than those indicated in the **Column 10**. I also agree to the cancellation of my Certificate of Competency to be issued in pursuance of this application, in case the particulars furnished in the application are found incorrect or false at any stage.

**Place:** \_\_\_\_\_

**Dated:** \_\_\_\_\_

**Signature of Applicant**

**Photocopies of documents to be forwarded alongwith the application:-**

1. Matriculation certificate indicating date of birth.
2. Residence Proof.
3. Identity Proof.
4. Photographs 2 Nos.
5. Degree/Diploma in Electrical Engineering./Electrical and Electronics Engineering. or its equivalent.
6. Experience Certificate.
7. Number of three Specimen signatures of the applicant.
8. Medical fitness certificate from Government/Government approved Hospital, in case he is above 55 years of age on the date of submission of application.
9. Copy of retirement orders in case of retired engineers.
10. Treasury challan of fees for the purpose, deposited in any treasury of Haryana under **Head of account: - '0043-Taxes and Duties on Electricity –Other Receipts i.e. 0043-51-800-99-51— Other Receipts'**.

## FORM –IV

{see rule 8 (1)}

### APPLICATION FOR RENEWAL OF CERTIFICATE OF COMPETENCY/ WIREMAN PERMIT

I hereby apply for the renewal of my certificate of competency /wireman permit, which is attached (vide details given below)

1	a)	Name of the applicant (as given in the certificate of competency /wireman permit )	
	b)	Age and date of birth	
	c)	Date, on which the applicant completes 55 years. (attach medical fitness certificate in case age is above 55 years).	
2		Present address with pin code	
3		Supervisor competency certificate No./ Wireman Permit No.	
4		Date of expiry	
5		Whether the application for renewal is belated. If so, the period (in months and year) by which the renewal is late.	
6		Details of fees remitted	
		Name of Treasury	
		GRN Number and date of challan	
		Amount remitted	
7		Name and address of the employer, if any. If the employer is a contractor, his License Number should be mentioned	
8		Whether there is any change of employer during the subsequent period to the last renewal	

### DECLARATION

1. Information furnished in the application is correct.
2. I am authorized to sign the application as contractor /on behalf of the contractor.

Place:

Date:

**Signature of the Applicant**

**Following documents to be produced:**

1. Certificate of Competency/Wireman Permit.
2. Deposited Treasury Challan of fees, for the purpose in the Head of A/c: 0043-51-800-99-51—  
Other Receipt.
3. A Medical Fitness Certificate issued from Government/Government Approved Hospital, in case he is  
above 55 years of age on the date of submission of application.
4. Undertaking for delay or non-working during cancel period, in case of expiry of the  
Certificate/Permit.
5. Present working Status.

## FORM-VII

(see rule 10)

### APPLICATION FOR UPGRADATION OF CERTIFICATE OF COMPETENCY

1	Name			
2	Address with Pin Code			
3	Qualification			
	Academic			
	Professional			
4	Details of the Supervisor competency certificate now possessed by the applicant			
	Certificate No			
	Date of issue			
	Present scope			
5	Experience			
	Name of employer	Description of the post held by the applicant	From	To

Total Period of experience	Years		Months	
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6	Whether applied for up gradation earlier? If so, mention date on which called for interview?	
7	Scope voltage level applied for?	

Place

Dated

**Signature of applicant**

**Following documents to be produced:**

1. Copy of the Certificate of Competency.
2. Copy of certificate of experience, if any.

**FORM- XIII**  
{see rule 22 (1)}  
**APPLICATION FOR DUPLICATE COMPETENCY OF CERTIFICATE / WIREMAN  
PERMIT/ELECTRICAL CONTRACTOR LISENCE**

I hereby apply for the issue of duplicate of my License /Certificate / Permit which is attached vide details given below:

1 (a)	Name of the applicant as in the License /Certificate / Permit	
(b)	Age and date of birth	
(c)	Date on which the applicant completes 55 years	
2	Address with Pin Code	
3	Document of which duplicate is required i.e. License /Certificate / Permit (No. & date of the document should be specified)	
4	Date of expiry for license, Certificates and permits only	
5	Whether the document is lost, defaced, mutilated, destroyed or damaged	
6	When was it destroyed or lost and whether any proof for destruction or loss is available	
7	Details of the defaced, mutilated or damaged document enclosed	
8	Details of fees paid	
Name of treasury		Number and Date of the challan
		Amount

**Declaration**

I .....solemnly declare that the above particulars are correct. My License / Competency Certificate / Permit No ..... dated ..... is lost irrecoverable/destroyed/ defaced/damaged /mutilated. I further declare that in case the original of the document is received or traced out later, I shall return it to the Chief Electrical Inspector, Haryana.

I am authorized to sign this application as individual / on behalf of the firm.

Place:

Date:

**Signature of the Applicant**

**Following documents to be produced:**

1. Copy of License/Certificate of Competency/Wireman Permit.
2. Proof of destroyed or lost/Affidavit for defaced/mutilated/damaged.
3. Copy of DDR/FIR.
4. Copy of treasury challan of fees deposited in any treasury of Haryana.
5. Deposited Treasury Challan of fees, for the purpose in the Head of A/c: 0043-51-800-99-51—  
Other Receipt.
6. Two passport size photographs (in case of Certificate of Competency/Wireman Permit).
7. Three specimen signatures of the holder (in case of Certificate of Competency/Wireman Permit).

**ANNEXURE-I**

{see rule 4(b) and 5(b)}

**PERFORM FOR MEDICAL FITNESS ISSUED BY THE GOVERNMENT  
/GOVERNMENT APPROVED HOSPITAL FOR RENEWAL OF CERTIFICATE/PERMIT**

Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Years      Sex: Male/Female      Height \_\_\_\_\_ Weight \_\_\_\_\_

**Brief Clinical History, if any:**

<b>1</b>	<b>Examination</b>		
	a) General Physical Examination:	b) Hearing	
	c) <b><u>Systemic Examination</u></b>	d) Vision:	
<b>2</b>	<b>Investigation</b>		
	A) <u>Hematology:</u>		
	a) <u>Hb%</u>	b) <u>TLC</u>	
	c) <u>DLC</u>	d) <u>Peripheral Smear</u>	
	<b><u>(B) Biochemistry</u></b>		
	<b><u>(I) Blood Sugar:</u></b>		
	a) <u>F:</u>	b) <u>P.P:</u>	
	<b><u>(II) Lipid Profile</u></b>		
	a) <u>Total Cholesterol</u>	b) <u>HDL Cholesterol</u>	
	c) <u>LDL Cholesterol</u>	d) <u>VLDL Cholesterol</u>	
	e) <u>Triglyceride Test</u>		
	<b><u>(III) Liver Function Test:</u></b>		
	a) <u>Total Bilirubin</u>	b) <u>Direct Bilirubin</u>	
	c) <u>Indirect Bilirubin</u>	d) <u>SGOT</u>	
	e) <u>SGPT</u>	f) <u>ALK Phosphatase</u>	
	g) <u>S Protein</u>	h) <u>Albumin</u>	
	i) <u>Globulin Test</u>		



	<b><u>(IV) Kidney Function Test:</u></b>		
	a) <u>Urea</u>		b) <u>Creatinine</u>
	c) <u>Uric Acid</u>		d) <u>Electrolytes</u>
	e) <u>Na*</u>		f) <u>K Na*</u>
	g) <u>Calcium</u>		h) <u>Inorganic Phosphates</u>
	<b><u>(V) Cardiac Profile:</u></b>		
	a) <u>CPK</u>		b) <u>CK-MB</u>
	c) <u>LDH</u>		
	<b><u>(VI) Urine:</u></b>		
	i. <u>Routine:</u> a) <u>Sugar</u>		b) <u>Albumin</u>
	ii. <u>Microscopic</u>		
	<b><u>(VII) E.C.G:</u></b>		
	<b><u>(VIII) X-Ray Chest:</u></b>		
	<b><u>(IX) Ultra Sound Abdomen:</u></b>		
	<b><u>Physical Efficiency Test</u></b>		
	<b><u>Any Other Investigation</u></b>		

**ADVICE:**

**B. Medical Report of the Officer**

<u>1</u>	<u>Hemoglobin Level of the Officer</u>	<u>Normal/Low</u>
<u>2</u>	<u>Blood Sugar Level</u>	<u>Satisfactory/normal/High/Low</u>
<u>3</u>	<u>Cholesterol level of the Officer</u>	<u>Normal/High/Low</u>
<u>4</u>	<u>Liver Functioning</u>	<u>Satisfactory/Normal/Dysfunctioning</u>
<u>5</u>	<u>Kidney Status</u>	<u>Normal/Both-one Kidney not function optimally</u>
<u>6</u>	<u>Cardiac Status</u>	<u>Normal/Enlarged/Blocked/Not Normal</u>

<u>7</u>	<u>BMI (Body Mass index)</u>	<u>Underweight/Normal/Overweight/Obese</u>
<u>8</u>	<u>Endurance Test</u>	<u>Excellent/Normal/Low</u>

**B. Summary of Medical Report:**

<u>1</u>	<u>Physical Fitness</u>	<u>Excellent/Fit/Unfit</u>
<u>2</u>	<u>Overall Health of the Officer</u>	<u>Excellent/Very Good/Good/Average</u>
<u>3</u>	<u>Any other remarks bases on the health medical check-up of the Officer</u>	
<u>4</u>	<u>Whether Fit for field Duty</u>	<u>Yes/No</u>

Dated:

Signature of Medical Authority

Designation