Invitation of application for empanelment of Third party Certifier for submitting report on compliance of the Health, Safety and welfare provisions under the Factories Act, 1948 for various factories

Applications are invited in the prescribed form from applicant having the qualification & experience in terms of Comprehensive Inspection Policy 2017. The applicant can be an Individual or an Organisation. In case the applicant is an Organisation, they shall nominate such employees who have the requisite qualification and experience.

## Qualification and Experience

## The individual

- must possess a degree in mechanical, electrical, civil or chemical engineering from a recognized University or equivalent qualification.
- must have atleast 15 years of post qualification experience in evaluating compliance under the Factories Act, 1948 and Rules framed thereunder and allied health and safety provisions under various other Acts;
- III. must have experience in filing and / or evaluating Returns under the Factories Act, 1948 and allied Acts;
- IV. must be below 65 years of age on the date of application;
- V. must have sound mental and physical condition;
- VI. must not be currently employed in any company / firm / establishment etc. other than the Organisation seeking empanelment under this policy;
- VII. must not have any litigation / case pending against him / her in the Court of Law.

The application is to be submitted in a sealed envelope addresses to:

The Chief Inspector of Factories

Govt. of West Bengal

**Directorate of Factories** 

New Secretariat Buildings (8th floor)

1, Kiron SankarRoy Road, Kolkata -700001

The application should reach this office within 26.08.2022 by 2.00PM.

(Chief Inspector of Factories)

## Application Form

		Appi	ication Form			
1.	Organi	sation Details(if applicable)				
	a)	Name of the Organisation:				
	b)					
	c)					
	d)					
	e)	Telephone No. (s):				
2.	Applica	nt/Nominated Employee Details	80			
		a) Name of the Applicant/Nominated employee of the Organisation:				
	b)	b) Fathers Name:				
	c)	c) Date of Birth:				
	d)	d) Present Address:				
	e)	Permanent Address				
	f)	Aadhar Number:				
	150	E-mail ID:				
	h)	Telephone No. (s):				
3.	Educati	onal qualification (Copies of testimo	onials to be attached) of the	applicant/nominated		
	employ	nployee:				
4.	Details	of professional experience of the ap	plicant/nominated employe	ee:		
SI.N	0	Region of the second of the se				
		Name of the Organisation	Period of service	Designation	responsibilit	
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			claration			
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acto	r of Fact	ulfill and abide by all the condition pries from time to time.	ns stipulated above and in	structions issued by t	he Chief	
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		TO BE FILLED IN BY THE O	RGANISATION (IF EMPLOY	ED)		
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		whose details are furnis	shed above, is in our emplo	ovment and nominate	him on	
lf of	the orga	inization for the purpose of being de	eclared as third party certific	er under the		
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Place:

Date:

Signature of Head of the Organisation or of the person authorised to sign on his behalf :