FORM-H

[See rules 8(2) and 13(3)]

MEDICAL CERTIFICATE

Space for [Passport size photograph]

[To be filled in by a registered medical practitioner appointed for the purpose by the State Government or person authorized in this behalf by the State Government

1. Name of the applicant .....
2. Identification Marks (1) .....
   (2) .....

3,

(a) Does the applicant, to the best of your judgment, suffer from any defect of vision? If so, has it been corrected by suitable spectacles. Yes/No

(b) Can the applicant, to the best of your judgment, readily distinguish the pigmentary colours, red and green? Yes/No

(c) In your opinion, does the applicant suffer from a degree of deafness which would prevent his • hearing the ordinary sound signals? Yes/No

(d) In your opinion, does the applicant suffer from night blindness? Yes/No

(e) Has the applicant any defect or deformity or loss of member which would interfere with the efficient performance of his duties as a supervisor or wireman? If so, give your reasons in details. Yes/No

(f) Optional :-

(i) Blood group of the applicant (if the applicant so desires that the information may be noted in his licence or permit).

(ii) RH factor of the applicant (if the applicant so desires that the inforination may be noted in his licence or permit). Declaration made-by the applicant in form I as to his physical fitness is attached.

Certificate of Medical Fitness

I Certify that :-

(i) I have personally examined the applicant Shri/ Smt.IKum .....

(ii) that while examining the applicant I have directed special attention to his / her distant vision;

(iii) While examining the applicant, I have directed special attention to his/her hearing ability, the condition of the arms, legs, hands and joint of both extremities of the applicant : and

(iv) I have personally examined the applicant for reaction time, side vision and glare recovery.

And, therefore I certify that :-

(a) To the best of my judgment, he is medically fit to hold licence/ certificate/ permit.

Or

(b) The applicant is not medically fit to hold a licence/certificate/permit for the following regions.

.....

Signature :

1. Name designation of the medical officer/Practitioner (Seal)
2. Registration number of Medical Officer.

Date : Signature or thumb impression of the candidate.

Note :-

1. The medical officer shall affix his signature over the photograph affixed in such a manner that part of his signature is upon the photograph and part the certificate.

OFFICE OF THE SENIOR ELECTRICAL INSPECTOR, ELECTRICAL INSPECTORATE

F-101, Panchsheel Marg, Behind Bagriya Bhawan, C-Scheme, Jaipur-302001

FORM-A

(see rule 9(1))

Application for the (Grant or Renewal) of Supervisor`s Competency to work/Wireman`s Competency to work/Permit to work as Supervisor/Permit to work as Wireman/Permit to work as Chartered Electrical Safety Engineer (Please Tick ✓ whichever is applicable)

(Particulars to be entered in English/Hindi)

Photograph

1. Certificate/Permit No. (In case of renewal) .....
2. Applicant`s Name .....
3. Father`s Name .....
4. Full Postal Address (with Pin number) .....
   .....
   .....
5. Date of birth .....
6. Mobile No. .....Landline No. .....
7. Details of Present and past service (to be supported by copies of Certificates)

S.No.	Employer`s Name	Date of Commencement	Date of Termination	Total Period of service
1				
2				

8. Educational Details (Technical)

Name of Technical Institute and School	Degree/Certificate	Period of Education	Score (%)	Details of Training (Firm Name etc.)	Duration of Training

9. Medical Certificate :-
   I hereby declare that I am medically fit to undertake Electrical work, as stated in the Medical Certificate issued by .....(Name of Doctor) working in .....
   (Name of Hospital/Dispensary) as .....
   (Position) (See rule 8(1) and 8(2))
10. I hereby declare that application is accompanied with the document as specified under sub-rule (2) of rule (10) of the Rajasthan Electrical Inspectorate (Formation of Technical Committee and Grant of Licence, Competency to work and permit to work) Rules, 2016"

I do hereby declare that the particulars given above are correct.

Date ..... Signature .....