Form of Declaration

1.	I,hereby declare that I am willing to work working under M/s						
2.	as full time employee. I shall intimate the Chief Electrical Inspector as well as the employer under whom I am working at present, in the event of any change in my employment.						
	Name & Signature of Employee						
Plac Dat							
	Certificate						
	Certified that Sri						
	Deputy Chief Electrical Inspector / Electrical Inspector						
	Place:						
	Date:						

Staff Register
(To be maintained by Authorised manufacturer of Lifts and Escalators)

Name of authorised manufacturer	Certificate No.:

SI. No.	Name and address of employees	Category	Qualification	Appointment order No. and date	Date of employment	Signature of employee	Date of discharge	Dated signature of employer
1	2	3	4	5	6	7	8	9