To

The Occupier/Manager,

Sub: **Grant of State Safety Awards for performance year 2017.**

Sir,

You are aware that like the previous years the State Safety Award Scheme is in operation in our State in which various trophies and merit certificates are awarded to factories and individuals for their outstanding performance in the field of **Safety, Health, Environment and Accident Prevention.**

At present awards are given under two Schemes i.e.

(i) **Government Scheme:** and

(ii) **Sponsored Scheme.**

In view of the above, it is decided to select the award winners for the calendar year 2017 under different categories taking their performance for the said year into account.

(A) **GOVERNMENT AWARD SCHEME: - (TOTAL EIGHTEEN PRIZES)**

A-1. **Factories having working man-hours between 20,000 to One Lakh-** (Total Three Prizes)

In order to give encouragement to small factories, one prize in each in the following categories shall be awarded.

i. Lowest weighted frequency rate of accidents

ii. Longest Accident free period

iii. Lowest severity rate of accident.

Contd……..P/2
A-2. Factories having working man-hours between one lakh to 25 lakhs-(Total Nine Prizes)

Three prizes (1st, 2nd & 3rd) in each of the following categories shall be awarded.

i. Lowest weighted frequency rate of accidents

ii. Longest Accident free period

iii. Lowest severity rate of accident.

A-3. Factories having working man-hours more than 25 lakhs-(Total Three Prizes)

Three prizes (1st, 2nd & 3rd) shall be awarded under lowest weighted frequency rate of accidents category.

A-4. Best performance in Safety & Environment - (Total One Prizes)

One prize shall be awarded to the factory having working man-hours up to 25 lakhs.

A-5. Shrama Award for best performance in Safety- (Total Two Prizes)

One Prize each shall be awarded in this category irrespective of man hours worked for-

i. Regular workers- (One Prize)

ii. Contractor workers- (One Prize)

(B) SPONSORED AWARDS: - (TOTAL SEVEN PRIZES)

Under this scheme, irrespective of man-hours worked, there shall be one prize in each category.

B-1. Best Safety Officer of the State – One Prize

Sponsored by National Safety Council (Orissa Chapter)

B-2. Best Factory Medical Officer for Occupational Health Care- One Prize

Sponsored by HINDALCO Ltd, Sambalpur

B-3. Best Environment Management- One Prize

Sponsored by National Safety Council (Orissa Chapter)

Contd………P/3
B-4. **Best Performance in Safety, Health & Environment- One Prize**
   *Sponsored by M/s. NALCO Ltd.*

B-5. **Best Performance in Accident Prevention for Safety Management & Communication- One Prize**
   *Sponsored by M/s. Birla Tyres Ltd., Balasore*

B-6. **Best Occupational Health Care- One Prize**
   *Sponsored by Utkal Chamber of Commerce & Industry*

B-7. **Act of Bravery for saving life/ Avoiding Accident and or Dangerous Occurrence inside factory premises- One prize**
   *Sponsored by M/s. Orissa Air Products, Dhenkanal.*

To participate in the above award schemes, you are advised to apply to the Director of Factories and Boilers, Odisha, Bhubaneswar in the prescribed Application Form separately against each category, duly filled in all respects with facts and figures duly filled in and signed so as to reach this office on or before **31st January 2018**. You may download the **Application Form** from the website, [www.ofboodisha.gov.in](http://www.ofboodisha.gov.in)

A copy of such application may also be sent to the Zonal Asst. Director of Factories and Boilers,

In case of any difficulty or guidance in the matter, the Zonal Asst. Director of Factories and Boilers/ Divisional Deputy Director of Factories and Boilers/Dy. Director of Factories and Boilers,(Safety) may be contacted.

Yours faithfully,

Director of Factories and Boilers, Odisha & Chairman, State Safety Award Committee

**By- E. Mail also**

Memo No._____________/Dated, the

Copy with a copy of the application format forwarded to all Asst. Directors of Factories and Boilers, In-charge of Zones/ all Dy. Directors of Factories and Boilers, In-charge of Divisions /All Officers of Headquarters for information and necessary action. The photocopy of the letter may also be displayed in the notice board for wide publicity. They are requested to pursue the matter at their level to ensure maximum participation at least 10 delegates from their respective areas / Jurisdiction.

Director of Factories and Boilers, Odisha & Chairman, State Safety Award Committee

**By- E. Mail also**

Memo No._____________/Dated, the

Copy with a copy of the application format forwarded to Additional Secretary to Government in Labour and E.S.I. Department for favour of information.

Director of Factories and Boilers, Odisha & Chairman, State Safety Award Committee

[Signature]

24/11/2017
A. General Information:
1. Name of the Factory
   Address

   Telephone Number
   FAX No.

2. (a) Registration Number under the Factories Act, 1948
(b) Date of Renewal of licence for the year

3. Name of the Occupier & Manager of the factory
   under the factories Act, 1948

4. Nature of Industry
   (a) Raw materials used
   (b) Finished product
   (c) Intermediates / by products (if any)

5. Average number of workers employed in the factory:
   (a) Regular Workers
   (b) Casual contractor workers

6. Prosecution / if any failed during the year & status thereof
   (a) Under the factories Act
   (b) Under E.P Act & Rules made there under.

7. Accident during the year & two preceding year
   (a) No. of Fatal Accidents
   (b) No. of Non-fatal accidents

      i) Reportable under factories Act
      ii) Non-reportable under factories Act

   (c) No. of dangerous occurrences
      (Give a brief description of each occurrence particularly covering cause, damage, loss & impact outside the factory)
   (d) Total Man hours lost due to non-fatal accidents.
      i) Due to reportable non-fatal accidents
      ii) Due to non-reportable non-fatal accidents

B. For L.W.F Rate of Accident, (ii) L.A.F.P & (iii) L.S.R.
1. Total manhours worked by all the workers
   including over time
      (a) Manhours worked by regular workers

      (b) Manhours worked by casual / Contract workers
(c) over time manhours

2. **Lowest weighted frequency rate of Accidents**

\[= 10,000 \times \text{no. of non fatal accidents} + 30 \times \text{no. of (fatal accident)}\]

Total no. of manhours actually worked

3. **Longest accident free period**

(The Longest Accident Free Period shall be calculated in terms of longest no. of manhours worked subject to minimum of 20000 manhours without a single fatal or non fatal accident during the period under construction)

i) Longest Accident Free Period is ..................................
   Manhours from .................................... to ...........................................

ii) Total cost of production during this Period

Rs........................................

4. **Lowest Severity Rate of Accident**

1 Lac x manhours lost due to accident

   Manhours worked

C. **For best performance in safety and environment management**

1. Attach a copy of company’s policy on Safety, Health and environment :

2. Are the policy and its implementation reviewed periodically? :

3. Attach organization chart
   Showing organization set up assignment of responsibilities at various levels and arrangements for implementation of the S.H.E policy.

4. No. of Safety Officer -REQUIRED-
   -EXISTING-

5. What is the structure and composition of safety committee (s) in your factory? :

6. Number of safety meeting convened during the year and last two preceding years by each committee :

7. Whether the factory has a training hall with following infrastructure facilities :
   i) Hall Size :
   ii) No. of sitting accommodation :
   iii) Video / Audio system :
   iv) Public Address System :
   v) Over Head Projector :
   vi) Any other aids :

8. No. of In-House S.H.E Training Programme conducted.

9. No. of and level of participants benefited.
10. Details of employees deputed for external S.H.E Training Programme / Seminars / Workshops / Conference (Give statement for 3 preceding years)

<table>
<thead>
<tr>
<th>Organization conducting programme</th>
<th>Title</th>
<th>Duration</th>
<th>No. and Level of participants</th>
</tr>
</thead>
</table>

11. How many S.H.E Training Programmes are conducted for contractor employees? Give number of persons trained.

12. Expenditure incurred on training both Internal & External for last three years.

13. What special campaigns are undertaken in your factory (i.e. National Safety Day / Week World Environment Day, Fire Service Day etc.)


15. Give brief description of External Audit conducted if any.

16. Trade waste available / not available (Give details)

17. Whether valid N.O.C / consent has been issued for the award year by the OPCB (enclosed a copy)

18. Whether On-Site / Off-Site Emergency Plan is formulated for tackling accidental release of Toxic Chemicals / Fire.

19. No. of periodical mock drills on the emergency preparedness conducted.

20. Give a separate resume within 500 words justifying your claim for the Award.

Signature of the Manager

Signature of the Occupier with seal

Place:

Date:

N.B: The applicants are required to fill up the portion(s) for which they desire to participate in the concerned awards.
A. GENERAL INFORMATION FOR ALL CATEGORIES OF SPONSORED AWARDS

01. Name of the factory

Address

Telephone No.
FAX

02. Registration number under Factories Act, 1948

03. Name of the Occupier & Manager of the factory under Factories Act, 1948

04. Nature of Industry
   (a) Raw materials used
   (b) Finished Products
   (c) Intermediate / by-products, if any

05. Average number of workers employed in the factory
   (a) Regular workers
   (b) Casual / Contractor workers

06. Total manhours worked by all the workers including over time-
   (a) Manhours worked by regular workers
   (b) Manhours worked by casual / contract workers
   (c) Overtime manhours

07. Prosecution (if any) filed during the year and status thereof-
   (a) Under Factories Act
   (b) Under Environment Protection Act and Rules made there under.

08. Number of accidents during the preceding three years-
   (a) No. of fatal Accidents
   (b) No. of non-fatal accidents
      (i) Reportable under Factories Act
      (ii) Non-reportable
   (c) No. of dangerous occurrence (Give a brief description of occurrence covering cause, damage, loss, injury and impact outside the factory)
   (d) Total manhour lost due to non-fatal accidents
   (e) Total manhour lost due to non-fatal accidents
   (f) Total manhour list due to non-reportable non-fatal accidents
(a) Has the factory analyzed potential major accident hazards and identified the Most Credible Accident (MCA) scenarios? Give one study of MCA identified, if done.

(b) Has the On-site Emergency Plan been prepared and approved? Give letter No. and date of approval.

(c) Is the 'On-site Emergency Plan' updated from time to time. If so, give date of last updation.

(d) Whether On-site / Off-site emergency plan is formulated for tackling accidental release of toxic chemicals / fire.

(e) Number of periodical mock drills on the emergency preparedness conducted.
B. For Best Safety Officer of the State

01. Name of the Safety Officer

02. Age

03. Educational qualification

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Qualification</th>
<th>Board/Institution</th>
<th>Year of passing</th>
<th>% of marks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>H.S.C.</td>
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<td></td>
<td>+2</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Degree / Diploma</td>
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<tr>
<td></td>
<td>Industrial Safety</td>
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</tr>
</tbody>
</table>

04. Experience

05. Letter No. & date of acceptance of Safety Officer

06. How many training and education programme for prevention of personal injuries have been designed and conducted by him during the year
   (Details to be furnished)

07. How many campaign, competitions, contests have been organized by him during the year.
   (Details to be furnished)

08. How many safety committee meetings have been convened by him during the year?

09. How many check list to observe physical condition of the work have been developed by him during the year?

10. How many improvement notices advising the concerned departments on safety, health and environment have been issued by him during the year?
    (Details to be furnished)

11. Brief account of his plan for accident control / prevention in his factory

12. Give a self resume within 500 words maximum why the applicant to be considered as the best safety officer of the State.

13. How many accidents have been investigated by him during the year?

14. No. of Mock Drills conducted

15. Any other work carried out do to justify your competency

Signature of the Safety Officer
C. Best Factory Medical Officer for Occupational Health Care

01. a) Name and designation of the applicant - Doctors:

   b) Experience

   c) If he/she has received any advance training in occupational health monitoring

02. Probable diseases of Occupation associated with manufacturing process of the factory (The third schedule appended to Factories Act.)

03. If the corporate health policy exists-
   a) Is the same being known to all concerned; how?
   b) Annex a copy thereof

04. Brief of the factory hospital set-up
   i) No. of Doctors with name and their experience.
   ii) No. of paramedical staff in his command
   iii) Specific equipments/infrastructures in his command for monitoring day-to-day occupational health of the workers.
   iv) Year-wise budgetary statement for preceding three year

<table>
<thead>
<tr>
<th>Year</th>
<th>Funds allotted</th>
<th>Funds spent</th>
<th>Remarks</th>
</tr>
</thead>
</table>

05. Achievements of the Doctor(Applicant) during the year 2017
   i) No. of Medical Examination conducted both at the stage of pre-employment and post employment for occupational health monitoring.
   ii) No. of repetitive medical examination conduct.
   iii) What action he/she has taken under Section 89 of the Factories Act.
       a) Has he suspected any noticeable disease with any worker
       b) Has he referred the matter to the management
c) Has he referred the positive / suspected cases of Occupational diseases to Chief Inspector / ESI Hospital?

iv) How often he inspected the workplace and how his / her suggestions are being implemented.

v) No. of awareness programme conducted by him/her.
(Highlight if the benefit of such programme have been widely accepted by all concerned and how he/she justifies that)

vi) No. of first aid refresher training programmes conducted and no. of beneficiaries.

vii) No. of accidents in the factory studied by him/her how the medical officer is involved in the investigation process and the medical suggestion are being taken care of. Specify the achievement if any to prevent repetition of such accidents.

06. Give a brief paragraph in 150 words why he/ she feels to be recognized as the best factory Medical Officer in this State.

Signature of the Medical Officer / Applicant
D. Best Occupational Health Care

01. Are you using any chemical listed under the second schedule of the Factories Act?
   If yes, name the chemicals and briefly describe the system for monitoring their concentration in the work environment.

02. Anticipated Occupational diseases in the factory

<table>
<thead>
<tr>
<th>Give name of the disease</th>
<th>No. of persons involved in the process</th>
<th>No. of persons examined for occupational diseases (details to be enclosed)</th>
<th>No. of cases detected during preceding five years</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

03. Health care policy - whether you have specific health care policy,
   If yes, give details

04. Health Care Facilities

   i) No. of Medical Officers
      (With Specialists, if any)
   ii) No. of paramedical staff
       (Give details staff available)
   iii) Details of facilities
        (available occupational Health Check-up)
   iv) Whether facilities exist for further expert treatment / health care.

05. Whether routine check up of all the workers (including contract workers) is being done regularly-

   YES/ NO

06. No. of persons checked last year
   (Give details)

07. No. of Medical Officers involved in the check-up

08. Name of the Certifying surgeon who countersigned the report.
09. Do you have-
   i) An Ambulance Room
   ii) First-Aid Post
   iii) Occupational Health Centre

   What are the facilities including no. of ambulance van(s) available?

10. i) Total annual budgetary support on health care is Rs...
   ii) Expenditure per person employed for the year is Rs...

11. Facilities for health check up
    ----------------------------------------
     i) Health Check up
    ----------------------------------------

   a) Pre employment
   b) Pre placement medical
   c) Periodical health check up
      ii) General / Clinical / Pathological / Radiological / Dermatological

      (Give detail facilities available)
   iii) (a) Whether health card issued to all workers – YES/NO

      (b) Whether health record maintained / and are available – YES/NO

12. Give a resume in 500 words describing why you consider your factory to deserve this award.

   No. of persons examined
   ----------------------------------------
E. Best Environment Management

01. Specify the comments of manufacturing process which has any adverse ecological impacts and steps taken to minimize / contain the same. (Give details in annexure, where necessary)

<table>
<thead>
<tr>
<th>Eco factor</th>
<th>Components</th>
<th>Steps taken to contain those adverse impacts</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Water</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Air</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) Soil</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) General environment</td>
<td>(Forest, near about habitants)</td>
<td></td>
</tr>
</tbody>
</table>

02. Nearest locality with radius of 10 Kms. (Name of the Village / town / City)

03. Any research and development work done to improve eco-friendliness (give details) and amount spent in such activities vrs. The project cost.

04. What are the gaseous and liquid effluent and hazardous wastes generated by your factory?

05. What measures are being taken to comply with the stipulated conditions i.e. the consent orders issued by the Pollution Control Board?

06. What is the system for ambient air and stack monitoring in your factory?

07. What is the system for monitoring of treated effluent before discharge?

08. Has the environment statement (as prescribed by Pollution Control Board) been submitted by your factory? (Please attach copy of last such statement / report submitted)

09. Whether valid No. Objection certificate / Consent has been issued for the award year by State Pollution Control Board (Copy enclose a copy)

10. What are the conditions stipulated in the consent order?

11. Have those been complied? (Give brief account for each compliances)

12. Your contribution (give an account of) during the year to create a pollution free environment.
F. Best Performance in Safety, Health and Environment

01. Attach a copy of company’s policy on safety, health and environment.

02. Are the policy and its implementation reviewed periodically?

03. When were they last reviewed?
   (Enclose a copy of the last review meeting)

04. Attach organization chart showing organizational setup assignment of responsibility at various level and arrangements for implementation of the safety, health and environment policy.

05. Number of Safety Officers
   -----------------------------
   i) Required:

   ii) Existing:

06. What is the structure and composition of safety committee(s) in your factory?

07. Whether the factory has a training hall with following infrastructure facilities-
   i) Hall Size
   ii) No. of sitting accommodation
   iii) Video/ Audio System
   iv) Public address system
   v) Overhead Projector / LCD
   vi) Any other aids

08. No. of in-house safety, health and environment training programme conducted.

09. No. of and level of participants benefited

10. Details of employees deputed for external safety, health and environment training programme / seminars / workshops / conference.
   (Give statement for preceding 3 years)

<table>
<thead>
<tr>
<th>Organization conducting programme</th>
<th>Title</th>
<th>Duration</th>
<th>Number and level of participants</th>
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</table>
11. How many safety, health and environment training programme are conducted for contractor employees? (Give number of persons trained)

12. Expenditure incurred on training both internal and external for last three years.

13. What special campaigns are under taken in your factory (i.e National Safety Day / Week, World Environment Day, Fire Service Day etc.

14. Give brief description of internal safety audit system, if any

15. Give brief description on External audit conducted, if any

16. Trade waste available / not available (Give details)

17. Details of personal protective equipments available in the factory.

18. Whether the factory is having the health care facility, namely
   a) Hospital
   b) First Aid centre
   c) Ambulance Room

19. Number of Medical Officer

20. No. of Paramedical staff

21. Health check up for how many workers including contract workers have been done.

22. Details of environment pollution control system adopted in the factory

23. Whether valid No Objection Certificate / Consent has been issued for the Award year by the Orissa State Pollution Control Board. (Enclose a Copy)

24. Give a separate resume with 500 words justifying your claim for the award.
G. Application form for Best Performance in Accident Prevention, Safety Management and Communication

01. Attach a copy of Company's Safety Policy S.O.P, S.M.P...

02. Are the policy and its implementation reviewed periodically?

03. When were they last reviewed?
   (Enclose a copy of the last review meeting)

04. Attach a chart showing organizational set up assignment of responsibility at various level and arrangements for implementation of the Safety Policy.

05. Number of Safety Officers

   i) Required:
   ii) Existing:

06. What is the structure and composition of safety committee (s) in your factory?
   How many safety committee meeting have been concerned?

07. Whether the factory has a training hall with following infrastructure facilities-
   i) Hall Size
   ii) No. of Sitting accommodation
   iii) Video / Audio System
   iv) Public Address System
   v) Overhead Projector
   vi) Any other aids

08. No. of In-house safety, health training programme conducted.

09. No. of and level of participants benefited.

10. Details of employees deputed for external safety, health training programme / seminars / workshop / conference.
    (Give statement for preceding 3 years)

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</table>

11. How many safety, health training programme are conducted for contractor employees?
    (Give number of persons trained)
12. Expenditure incurred on training both internal and external for last three years.

13. What special campaigns are undertaken in your factory (i.e. National Safety Day / Week, World Environment Day, Fire Service Day, etc.)


15. Give brief description on External Audit conducted, if any.

16. Details of personal protective equipments available in the factory and method of ensuring use of the same.

17. Description of Fire Fighting arrangement
   
   i) Details of fire hydrant system
   
   ii) Provision of portable fire extinguishers, fire bucket.
   
   iii) Sprinkler system if any
   
   iv) No. of persons trained for fire fighting.

18. Information on the hazard assessment namely,
   
   i) Identification of Hazards
   
   ii) Assessment of accident consequences
   
   iii) Safety systems

19. Details of testing of pressure vessels, lifting tackles etc.
   
   i) Name of pressure vessels
   
   ii) Name of lifting tackles
   
   iii) Date of testing and examination of above equipment by competent persons
   
   iv) Result of such testing and examination

20. Give a separate resume within 500 words justifying your claim for the award.
H. **Act of Bravery for saving life / avoiding accident and / or dangerous occurrence inside factory premises**

(Competition open to all workers and executives)

01. i) Name of the person who is to be considered for his bravery to save act of life / avoid a disaster (Specify the accident / Occurrences)

ii) Whether the matter reported to this Directorate or the Zonal Asst. Director.

02. Give brief write up (150 words) why you feel that the concerned person be awarded as the best life saviors award. (The declaration has to be made the Occupier / Manager under Factories Act.)

---

Signature of the Applicant

03. Declaration by the concerned person

I, Sri..........................................................working as..........................

and have been serving this organization since..........................Declare that the statement at serial No.02 of this Performa is true to the best of my knowledge and belief.

Signature of the Applicant

To

The best of my knowledge and belief the information furnished above are correct.

Signature of the Manager

Signature of the Occupier

Place:

Date:

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Note: The applicants are required to fill up the portion(s) for which they desire to participate against Column B to H in addition to the general information as at Column ‘A’. 

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**SHRAM AWARD FOR BEST PERFORMANCE IN SAFETY**

I. **Particulars of the Worker**
   1. Name in full (block letters)
   2. Designation
   3. Present Postal Address
   4. Experience

<table>
<thead>
<tr>
<th>Date of appointment</th>
<th>Designation</th>
<th>Year of Experience</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>At the time of appointment</td>
<td>Present</td>
<td></td>
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</tbody>
</table>

i) Nature of work  
ii) Duties and responsibilities entrusted to the worker  
iii) Present Salary

Note: Please attach a separate sheet wherever needed.

II. **About the factory where the nominated workers employed.**

<table>
<thead>
<tr>
<th>Name &amp; Address of the Factory</th>
<th>Name &amp; address of the Occupier &amp; Manager</th>
<th>Telephone No. /Fax No.</th>
<th>No. of workers employed in the factory</th>
</tr>
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</tbody>
</table>

Regn. / Licence No. under the Factories Act  
Enforcement authority Name of the Officer with postal address
III. Brief History of Nominated Person
   a. About personal characteristic of nominated person in general
   
   b. About the service with the employer
   
   c. Performance in the field of prevention of accident (in specific)

   d. Any other information relevant and which is not reflected in the form highlighting the other activities of the nominated person.

IV. Particulars of award granted to nominated person in the past.

<table>
<thead>
<tr>
<th>Year in which award conferred</th>
<th>Name of the award conferred</th>
<th>Name and address of the Organization</th>
<th>Tel. No./Fax No./e-mail</th>
</tr>
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</table>

CITATION

To be given by the Head of the Organizations/Chief Executive a head of HRD

NOTE: To be submitted in typed form in not more than 600 words giving details on following point

1. Meritorious service
2. Achievement in Safety

Place:  
Date:  

Signature  
Name & Designation  
Address

Office Seal
DECLARATION OF NOMINATED PERSON

I hereby declare that all the statement made in nomination form are true, complete and correct. In the event of any information being found false / incorrect my nomination will stand automatically cancelled.

Place: 
Date: 

Signature / Thumb impression of Nominated person
(Left hand Thumb impression if Male,
Right hand Thumb Impression, if Female)