

**FORM EIS-D**  
**{See rule 8(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].**

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)

Sl.No.	Name of Employers	Date of Commencement	Date of Termination	Total period of Service

**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.**

In 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).

10. I hereby declare that the application is accompanied with the document as specified under sub-rule .... of rule.....of the Sikkim Electrical Inspectorate (Formation of Technical Committee and Grant of Licence, Competency Certificate to work and Permit to work) Rules, 2017.

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

Date.....

Signature.....

**FORM EIS-E  
MEDICAL CERTIFICATE**

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

1. Name of the applicant :
2. Identification Marks :
3. (a) Does the applicant, to the best of your judgement, 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 judgement, readily distinguish The pigmentary colours, red & 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 reason in details. Yes/No
- (f) Optional
  - (a) Blood group of the applicant(if the applicant so desires that The information may be noted in his licence or permit)
  - (b) RH factor of the applicant (if the applicant so desires that The information 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 have personally examined the applicant Shri/Smt./Kum..... that while examining the applicant I have directed special attention to his/her distant vision. 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 I have personally examined for reaction time, side vision and glare recovery.

(A) And, therefore , I certify that, to the best of my judgement, he is medically fit to hold a licence/certificate/permit.

(B) The applicant is not medically fit to hold a licence/certificate/permit for the following reasons : .....

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:-

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 of the certificate.