HIMACHAL PRADESH STATE LICENSING BOARD

**Application for Renewal / issue of Duplicate Electrical Supervisor’s Competency Certificate**

I hereby apply for the renewal/duplicate of my Competency Certificate which is attached (Vide details given below)

|  |  |  |
| --- | --- | --- |
| 1 | Name of the applicant (as in the Competency Certificate ). |  |
| 2 | Date of birth. |  |
| 3 | The date on which the applicant completes 70 years |  |
| 4 | Address with Pin Code: |
| 5 | Competency Certificate Number |  |
| 6 | Date of expiry of the Competency Certificate |  |
| 7 | Whether the application for renewal is belatedIf so, the period (in months) by which the renewal is late. |  |
| 8 | Details of fees remitted: |
|  | Name of Treasury: |  |
|  | Number and Date of Challan |  |
|  | Amount remitted |  |
| 9 | Name and address of the employer, if any.If the employer is a contractor, his License Number should be quoted |  |
| 10 | Whether there is any change of employerduring the period subsequent to the last renewal if so, give details |  |
| 11 | Whether there is any change ofaddress (attach proof) |  |
| 12 | **Three Specimen signatures on a plain paper duly attested by a Gazetted Officer be enclosed, if not submitted earlier.** |  |

#  I solemnly declare that the information above is correct.

Place:

Date : Signature

 Mobile No:-