	HYM International Certifications Private Limited	Doc no.	HYM-ANX-05
		Issue no.	01
	Application Form	Issue date	23.12.2023
		Revision no.	00
		Revision date	00

Application No.: _____

Application Form for Electrical Safety Professional Certification Scheme (ESPCS)

Full Name:

Sex: Male / Female _____ **Date of Birth:** (dd/mm/yyyy)

Contact Address: _____

District: _____ **Pin Code:**

Telephone No. **Mobile No:**

Your years of experience: _____ years

LIST THE CATEGORIES OF PRACTICE:

Which category(s) would you like to be assessed for certification? Please Tick (✓) any 'ONE Domain'

1. Design and Selection: NFE Certified Electrical Consultant.
2. Erection: NFE Certified Electrical Installer.
3. Verification: NFE Certified Electrical Safety Verifier

Have you registered with any PrCB before? Yes/ No _____

Was your application rejected before? Yes/ No _____


If already certified or applied assessment under the same scheme, state your application number?

Please share below documents along with application form

- i) Certificate signed by a registered medical practitioner that specifically includes assessments of hearing, sight, and colour blindness. In the event of any changes in their physical abilities, professional are required to promptly notify the HYM.
- ii) Education:
- iii) Experience:
- iv) Certified by a consumer/customer with connected load more than kW, in respect of design work undertaken by the professional. The certificate shall comprise the details of work executed. (work orders and completion certificates provided by the client will be regarded as supporting documents.)

OR

Self-declaration by the professional along with filled form as per NEC 2023 part 1, section 17 annexure D of one verification completed or participated as a member in a group.

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DECLARATION

I hereby declare that all information provided by me above are truthful and to the best of my knowledge.

I declare any pending judicial proceedings concerning his/her conduct, and/or any pending proceedings by any regulatory body, concerning electrical safety related activities.

(_____)
Applicant's Signature

Name: _____

Date: _____ (dd/mm/yyyy)

Place: _____

<u>APPLICATION FEES PAYMENT STATUS: (₹... per domain)</u> 1. Mode of Payment: Cash/ Draft/ Account Transfer Transaction ID: 2. Amount Received (✓): Yes/ No Date(DD/MM/YY)

FOR OFFICE USE ONLY

Application Status: Selected/ Rejected

Reason(s)

Signature: _____

(Technical Head/ Quality Manager)

Date: _____ (dd/mm/yyyy)

Place: _____