## Form ELB-1 [Regulation 14(1)]

## APPLICATION FOR CONTRACTORS LICENSE

| 1. | Name of the applicant (in block capital letters) | : |
|----|--|---|
| 2. | Fathers Name                                     | : |
| 3. | Present Address                                  | : |
|    |  |   |
|    |  |   |

5. Name of the person or firm on whose favour the license is sought (in block capital letters)

Permanent Address

6. Relationship of the applicant with the person or firm referred to in column 5 above and the capacity to file the application.

7. Business Address of the person of the firm referred to in column 5 above.

8. In case of partnership, names and detail particulars of the partners (additional sheets may be annexed if necessary)

| SI. No. Name |   | Permanent Address | Age | Details of interest |  |  |  |
|--------------|---|-------------------|-----|---------------------|--|--|--|
| 1            | 2 | 3                 | 4   | 5                   |  |  |  |
|              |   |                   |     |                     |  |  |  |
|              |   |                   |     |                     |  |  |  |
|              |   |                   |     |                     |  |  |  |
|              |   |                   |     |                     |  |  |  |
|              |   |                   |     |                     |  |  |  |

(A copy of the deed of partnership attested by a gazetted officer shall be enclosed)

9. Class of license applied for (Class I/II/Spl. Class) :

10. If any contractors license already been granted, detail particulars thereof.

11. Details of Supervisor and Workman under full time and part time employment: (Additional sheets may be annexed if necessary)

| Name | Permanent<br>Address | Date of<br>Joining | No. of the<br>Certificate<br>or permit | Class<br>(Parts) | Date of<br>Issue | Date of<br>Expiry | Whether<br>fulltime |
|------|----------------------|--------------------|--|------------------|------------------|-------------------|---------------------|
| (1)  | (2)                  | (3)                | (4)                                    | (5)              | (6)              | (7)               | (8)                 |
|      |                      |                    |  |                  |                  |                   |                     |
|      |                      |                    |  |                  |                  |                   |                     |
|      |                      |                    |  |                  |                  |                   |                     |
|      |                      |                    |  |                  |                  |                   |                     |
|      |                      |                    |  |                  |                  |                   |                     |
|      |                      |                    |  |                  |                  |                   |                     |

12. Details of Testing instruments and other apparatus in possession:-

| Sl.<br>No | Name of instrument | Makers<br>Name | Capacity<br>thereof | Year of<br>Manufactur<br>e | Sl. No. of instrument | Quantitative no. thereof |  |
|-----------|--------------------|----------------|---------------------|----------------------------|-----------------------|--------------------------|--|
| (1)       | (2)                | (3)            | (4)                 | (5)                        | (6)                   | (7)                      |  |
| 1.        |                    |                |                     |                            |                       |                          |  |
| 2.        |                    |                |                     |                            |                       |                          |  |
| 3.        |                    |                |                     |                            |                       |                          |  |
| 4.        |                    |                |                     |                            |                       |                          |  |
| 5.        |                    |                |                     |                            |                       |                          |  |
| 6.        |                    |                |                     |                            |                       |                          |  |

| 13. | Treasury Challan NoBra   | only) paid | through |              |               |  | at | the | Bank |
|-----|--|------------|---------|--------------|---------------|--|----|-----|------|
|     | The particulars and information furnished above are true to the best of my knowledge and in case anything is found or proved to be untrue, I shall be liable for any action the Board may deem fit and proper. |            |         |              |               |  |    |     |      |
|     | Date :   |            |         | Signature of | the applicant |  |    |     |      |
|     | Place :  |            |         | Seal of the  | firm, if any. |  |    |     |      |