

Application form for Registered Qualified Professionals (RQP) (Corporate Applicant)

Form- II

App No. _____ (to be allotted by IndSTT)

To, Executive Director, Indian Society for Trenchless Technology, India

Subject: Application for Recognition as Registered Qualified Professionals (RQP)

Dear Sir,

I, _____, on behalf of applicant organization, am desirous of seeking recognition as Registered Qualified Professionals (RQP) to provide third party assessment of the ongoing trenchless projects. Our details are as follows:

1. Name of Organization: (IN BLOCK CAPITAL) [Grid for name entry]

2. Address of the registered office : [Grid for address entry]

3. Name of the authorised signatory: [Grid for signatory name entry]

4. Father's Name: [Grid for father's name entry]

5. Land Line Phone Nos..... Fax No.....Mobile No. Email:

- 6. Name of Nominees: (detail of each nominee is enclosed) i. ii. iii. iv. v. vi.

7. Fees Paid*:	Amount in Rs.	Cheque/DD No.	Date	Bank name

8. Declaration

I hereby certify that the entries made by me in the above applications form are correct to the best of my knowledge and I have not concealed any information in any manner.

I understand that if at any stage, it is found that I have provided any wrong information my Registration shall stand cancelled automatically and I shall have no claim whatsoever, on the amount paid to IndSTT.

I undertake to follow all the rules and norms laid down by IndSTT time to time.

For and on behalf of

(Authorised Signatory)

Date:

Seal of the organization

Place:

* Please refer the RQP fee schedule for details
Particulars are to be filled by the candidate in their own handwriting.

(This space is for office use only)

Nominee Details

Nominee No. _____

1. Name: (IN BLOCK CAPITAL)

2. Father's Name: (IN BLOCK CAPITAL)

3. Mother's Name: (IN BLOCK CAPITAL)

4. Date of Birth (DD-MM-YYYY):

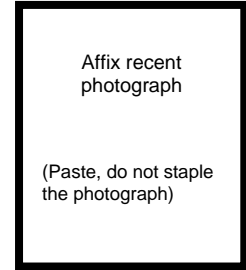
5. Sex: Male Female

6. Educational/Training Record:

Sl. No	Degree/Certificate	School/Board/Institution /University	Year	% of marks /Grades	Specialization

7. Experience:

Sl. No	Designation	Name of Employer	Address		Dates of Employment	
			City	State	From	To



(Signature of the Nominee)