

FORM – S

(See rule 32)

DETAILS OF PERSONS DISCHARGING MANAGERIAL FUNCTIONS

To,

The Inspector,

Office address.

Name and address of the Establishment /Organization:

E-mail ID / Website Address :

Name of Authorized person/manager:

E-mail ID :

The Management hereby declares the following persons to be the persons who will be engaged to conduct managerial functions and shall be responsible for discharging managerial functions, for the period from ----- till ----- .

| Sr. No. | Name of the person. | Designation. |
|---------|---------------------|--------------|
| | | |
| | | |
| | | |

Date :

Place :

Signature of the Manager/

Authorized Person.