

FORM – T

(See rule 33)

DETAILS OF PERSONS OCCUPYING POSITION OF CONFIDENTIAL  
CHARACTER

To,

The Inspector,  
Office address.

Name of the Establishment / Organization:

E-mail ID /Website Address :

Name of Authorized person/manager:

E-mail ID :

The Management hereby declares that the following persons to be the persons who will be engaged in and shall be responsible for discharging work of confidential nature relating to the Business of the Establishment for the period from ----- till -----

Sr. No.	Name of the person.	Designation.

Date:

Place :

Signature of the Manager /  
Authorized Person with Seal