

PROFORMA INDIVIDUAL DECLARATION OF THE EMPLOYEES  
(TO BE FILLED BY CANDIDATE ONLY)

I \_\_\_\_\_ APPRENTICE \_\_\_\_\_ PERMIT

Address \_\_\_\_\_ Supervisor/Wiremen \_\_\_\_\_ No. \_\_\_\_\_

Here declare that I am full time employee of \_\_\_\_\_

Licensed of Electrical Contractor License No. \_\_\_\_\_ with effect from \_\_\_\_\_

Signature of the Employee

Address of the Applicant/Contractor

Counter Signed

Signature of the Applicant  
Licensed Electrical Contractor.