



NATIONAL INSTITUTE OF OCCUPATIONAL SAFETY & HEALTH
MINISTRY OF LABOUR AND TRADE UNION RELATIONS

APPLICATION FOR CORPORATE MEMBERSHIP / UPGRADING OF MEMBERSHIP

Corporate Logo

For office use only:

Date Application Received: _____

Date of the Membership interview: _____

Date of Board Meeting: _____

Category of Membership Approved: _____

Membership No: _____

Date Certificate Issued: _____

PLEDGE

I, the undersigned hereby make application for admission / for the change of grade in the National Institute of Occupational Safety & Health (NIOSH). I understand that the grade to which I may be selected shall be that deemed by the Governing Council to be appropriate and if elected, I agree to abide by the constitution / By-Laws and the Code of Ethics of the Institute as long as I remain a member of the institute. I confirm that the information regarding my experience and OSH related activities given below are correct to be best of my knowledge.

Date:

Signature of Applicant:

PLEASE FILL THE FORM IN BLOCK LETTERS

BUSINESS DETAILS:

Company Name: _____

Brand Name(s): _____

Business Reg. No.: _____ Reg. Date: _____

Company Address:

Telephone: _____ Fax No: _____

Email: _____

1. GENERAL INFORMATION

1. National or Multinational: _____

2. Industrial Sector:

Tourism, hotel & restaurant and related services

Manufacturing

Construction

Transport & Logistics

Apparel and Textile

Food and Beverage

Agriculture

Other, Please Specify _____

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

3. No. of Employees: _____ (Permanent) _____ (Contracted)

4. Main Operation: _____

2. DETAILS OF MANAGEMENT REPRESENTATION

Name: _____ _____
Designation: _____
Mobile: _____
Official: _____
E-mail: _____

Name: _____ _____
Designation: _____
Mobile: _____
Official: _____
E-mail: _____

Name: _____ _____
Designation: _____
Mobile: _____
Official: _____
E-mail: _____

3. RECOMMENDATION

Referees: (CEO / MD / Board Member)

1. Name:

2. Address:

3. Telephone / Mobile:

1. Name:

2. Address:

3. Telephone / Mobile:

1. ENCLOSED WITH THE APPLICATION:

1. Certified Copy of Business Registration.
2. Copies of Standard certifications if available (Ex: ISO/ OSHAS).
3. Official Request Letter.

FOR OFFICE USE ONLY

To: Governing Council of NIOSH

(Company Name) _____
was assessed by the undersigned on: _____ and recommended for
admission to the corporate Membership.

INTERVIEW PANEL

Name	Signature
1.	
2.	
3.	

Approved at the Governing Council Meeting Held on: _____

Chairman Signature: _____

Date: _____

Director General Signature: _____

Date: _____

For more information:

Director General,
National Institute of Occupational Safety & Health,
97, Jawatta Road,
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