



**APPLICATION FORM FOR SMOKE TESTING INSTRUMENTS AND FOR
SMOKE TESTING EQUIPMENTS TRAINING PROGRAMME**

01.	Name of the Applicant, Cell No.	
02.	Address of the Applicant	
03.	Date of Application	
04.	Place Chosen for testing Centre	
05.	Area of testing Centre	
06.	Owned/Hired	
07.	Type of Testing Equipment (Motor Vehicle Rule 116-B Sub Rule 7 (b)) a. Name of the Gas Analyser. b. Model No. c. Sl. No. d. Quantity e. Approved by A/B/C/D.	
08.	Name of the person nominated for Training	
09.	Qualification (Motor Vehicle Rule 11-B/Sub Rule 7 (d).	
10.	Type of Business.	
SIGNATURE		

7(b)	A. National Environmental Engineer, Research Institute B. Indian Institute of Petroleum-Dehradun, Nagpur. C. Vehicle Research Development Establishment – Danpet. D. Automobile Research Association of India-Pune.
7(d)	A. Motor Mechanical Certificate issued by Industrial Training Institute (Recognized by Government) B. Diploma in Mechanical Engineering C. Degree in Mechanical Engineering D. Diploma in Automobile Engineering. E. Degree in Automobile Engineering