DECLARATION

I, ... (Name & Address),holder of ..... (qualification), hereby affirm and declare that I shall work as person in charge of poison as per Rules 10,(3) of the Poison Rules 1996,at ..... (Name of firm) with effect from ..... I shall work as full time employee in the above firm. I am not engaged in service anywhere other than this firm.

Place: Signature:

Name:

Date: