

Occupational Supplementary Statement

INSTRUCTIONS FOR FILLING UP THE FORM:-

- 1. This form is to be filled by the **Proposer** himself/herself in BLOCK LETTERS in blue ink.
- Please tick a box thus where appropriate.
- Please strike out parts, which are not applicable and write 'N.A.'. Strokes of the pen, dots and dashes will not be accepted as replies.
- Form filling person must affix his/her full signature for any cancellation/correction/alteration.
- Form filling person must affix his/her full signature on each page / side of the form.

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Proposal Number:			\perp																																		
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Горозоп																																					
Date of Birth																																					
Please answer each	αu	ıesti	 ion	and	d wh	ere	ar	pro	pri	iate	 e pr	ovi	de	e pa		 icu	lar	s.																			
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1. a) Please state yo	ur	Des	sigr	natic	n/p	ost	ar	nd e	emp	olo	yer:	s na	am	ne a	n	d a	ddı	res	s:																		
b) Describe the nature of your work/duties												÷																									
Technical qualification										÷																											
Skilled /Unskilled										:																							_				
2. Does your work in																																			.,	,	
i) Lifting or moving heavy goods?																												Yes / No Yes / No									
ii) Working underground or at heights?														:-	-																						
iii) Working with chemicals or gases?iv) Working with radioactive substances?													:-	-																					•	No	
v) Regular travel?													:	-																						No No	
vi) Regular shifts or changeable working hours?											2		:																								
vii) Working with or near explosives?																												Yes / No Yes / No									
viii) Working with high voltage?																																			No		
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3. a) Have you ever	sut	ffere	ed f	fron	n an	y il	lnes	ss o	r in	ijur	ъ а	s a																									
result of your wor	k?													:-	-																				Ye	s/	No
b) If 'Yes', please s	spe	cify	1											:																							
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4 a) Do you intend	+-	cha	na	o +h/		+	0.0	f+h	O 14	.or	یں یا			rfo	rm																				V	·	No
4. a) Do you intend in the next twelve			_		e IIa	tur	e o	ıııı	e w	101	кус	յս բ	Jе	ПОІ	1111																				YE	5 /	No
b) If 'Yes', please specify											٠.	_																									
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Witness Particular	s:																																				
Name of Witness																																					
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