



## APPLICATION FORM FOR TECHNICAL EXPERTS

<b>1. Area of Conformity Assessments as applicable:</b>			
Testing /Calibration Laboratories	<input type="checkbox"/>	Certification Bodies	<input type="checkbox"/>
Medical Laboratories	<input type="checkbox"/>	Inspection Bodies	<input type="checkbox"/>
GHG Validation/Verification Bodies	<input type="checkbox"/>	Other.....	<input type="checkbox"/>
Please state the Field of Specialty <b>(please provide evidence)</b> –			
No of working years in the specialty area –			

<b>2. Name:</b>	
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<b>3. Date of Birth:</b>	Date		Month			Year				
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<b>4. Present Employment</b>			
Institute /Organization			
Designation			
Address			
E- Mail			
Telephone		Fax	

<b>5. Residence</b>			
Address			
E- Mail			
Telephone		Fax	

<b>6. Qualifications</b> (Please attach an updated CV)	
Academic	
Professional	
Specialized Training	

**7. Work Experience** (please attach an updated CV)

7.1 Career Experience **(Number of years)** -

7.2 Experience in the Conformity Assessment work **(number of years)** -

**8. Details of Previous Assessments you have done**

**9. Details of Consultancy projects / any relationship with Testing Laboratories/ Calibration Laboratories / Medical Laboratories/ Inspection Bodies/ Certification Bodies/ GHG Validation/Verification Bodies/ Other.....**  
( please provide name of institution and period )

I certify that the above information is current and true to the best of my knowledge and belief. I agree to inform immediately the SLAB of any change in the above status within one month of such change taking place.

.....  
(Date)

.....  
(Signature of Assessor)

<b>For Office use</b>
Recommendation for suitability by Technical Manager:
Date: _____ Signature: _____