FORM 'U'

[See rule 35(2)]

APPLICATION FOR REGISTRATION/EMPENELLMENT TO ACT AS FIRE SAFETY AUDITOR

To

.....
.....
.....
.....

Photograph of the Applicant

Sub: Application for registration as well as empanelment to act as Fire Safety Auditor.

The undersigned hereby applies for grant of or renewal of registration as well as empanelment to fulfill the requirement of DFS Rules (Amendment)-2025to act as a Fire Safety Auditor in any building or part thereof. The particulars regarding the Agency are given below:

Personal Attributes

Table-1

1.	Full Name of the Applicant (In capital letters)	
2.	Whether Fire Safety Auditor will be a Proprietary Concern or an Association of persons such as a Firm or Company, etc.	
3.	Registration No. of Firm or Company (Copies of Registration Certificate, article of Association or another relevant document appended.	
4.	Address	
5.	If the Fire Safety Auditor will be: a) Proprietary concern, the name, qualifications and address of the person operating the same. b) A firm or company, names, qualifications and addresses of each of the partners, or as the case may be, Directors.	
6.	Office address from where the Agency will act as a Fire Safety Auditor	
7.	Bank Account Details to receive the remuneration	

Technical Qualification and Experience

Table-2

1.	Level for which registration is applied for	
2.	Personnel with the Agency- a. Supervisory staff, name, qualifications and addresses of each. b. Other employees-names, qualifications and addresses of each.	

3.	Details of work with regard to fire Prevention and life safety measures, if any, undertaken and executed previously. a. Name or nature of work. b. Whether the work executed or still in progress and remains to be executed. (Note -Original or attested copies of Certificate of verification of above details)	
4.	Technical qualifications and experience of the promoter or partners of directors and dealing	
	technical officers or employees of or with the applicant.	

Professional Attributes
Table-3

1.	Whether enlisted with any other department or Organization in any other State. If so, in which category. a. Has the applicant or his partners or Directors been blacklisted in the past by any Government Department/ organization/other State? b. Has the applicant applied for registration elsewhere in his name or in the name of partner, Director or firm or company? If so, whether the application is rejected? Give particulars.	
2.	Whether the applicant has produced up to date Income tax certificate.	
3.	Amount of indemnity for professional work as Fire Safety Auditor and date of its validity	
4.	Transaction ID/details for the fee remitted to act as Fire Safety Auditor with Authority	
5.	If the application is for renewal of the existing registration, the details old registration number and the period of its validity.	
6.	Whether, the registration to act as Fire Safety Auditor granted anytime previously has been cancelled/blacklisted; and if so, reasons therefor:	

Check List and Undertaking
Table-4

1.	Attested copy of partnership deed and power of attorney or articles of association and memorandum of association or undertaking in case the individual is the sole proprietor of the firm.	YES/NO
2.	Attested copies of education qualifications to act a Fire Safety Auditor.	YES/NO
3.	Certificate regarding experience to act a Fire Safety Auditor.	YES/NO
4.	Certificates regarding satisfactory completion of works carried out for the required experience period.	YES/NO
5.	Attested passport size photographs of partners or directors or individual proprietor and also of the professionals.	YES/NO

6.	Undertaking, stating that his/her firm is not blacklisted by any of the departments of the State Government, local authority or any board or corporation or organization owned or controlled by the State Government or any other State Government.	YES/NO
7.	Address proof of office/branch in NCT of Delhi.	YES/NO
8.	List of technical staff with their qualifications	YES/NO
9.	Copy of indemnity for professional work as Fire Safety Auditor	YES/NO
10.	Any other information and/or documents as may be required in the form 'U'.	YES/NO

I/We hereby solemnly declare that all the information and record provided in form 'U' is true to the best of my/our knowledge.

I/We hereby certify that I/We have not been and will not get myself or ourselves registered as Fire Safety Auditor in the department under more than one name.

*[My previous registration number in Delhi Fire Services.....for level… .....]

*Strike-off, if not applicable

Thanking you,

Yours faithfully

[Signature, Name and Address of the Applicant(s)]

CHAND