**FORM – ‘T’**

**(See rule 33)**

**DETAILS OF PERSONS DISCHARGING MANAGERIAL FUNCTIONS**

Name and address of the Establishment /Organisation:

E-mail ID / Website Address :

Name of Authorised person/ manager :

E-mail ID :

The Management hereby declares the following persons to be the persons who will be engaged to conduct managerial functions and shall be responsible for discharging managerial functions in the establishment.

|  |  |  |  |
| --- | --- | --- | --- |
| Sr.No. | Name of the person. | Designation. | Brief Nature ofDuties |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Date : Place :

Signature of the Manager/ Authorised Person.

CC to - Facilitator