



REQUEST FOR ERGONOMIC CERTIFICATION

(Seating Range & other items of office and other types of furniture)

DETAILS OF THE APPLICANT :(Please write in Capital letters)

Name of the organization/agency:

Contact person:

Email Address:

Contact no:

Postal Address:

Website;

**Specify the range of Products
Required to be certified:**

Date of application:

Signature

Designation

Kindly specify/attach:

- DD/ Bank transaction details (Online/NEFT etc) towards the registration fee:

- Specifications of range of products with photograph to be certified for ergonomic suitability:

Contact Dr. Anil K. Srivastava, President AIOTA (president@aiota.org) after completion of registration process for more details and/o queries if any.