FORM "A"

<u>APPLICATION FORM FOR GETTING N.O.C. FROM FIRE SERVICES DEPARTMENT</u>

1. ľ	Name and address of t	the firm	n/compa	ny	•••••	•••••	•••••	•••••	
2 1	Name and contact No.	•••••							
3 I	ocation of building a	of cons	•••••						
4. T	4. Type of Business								
5 V	Whether the property	is OW	N/REN	FED/LEA	ASED (attach	documenta	ry proof)	••••••	
6. I	Plot area	m ²							
7. (Covered area (at grou	nd leve	I)/	m ²					
8. I	Height of building	r	ntrs.						
9. ľ	Nos of floor	••							
	Total covered area of from TCP/MC	the bui	lding	••••••	(attach ap	proved dra	wings of th	e building	
11.	No. of the workers/of	ficials				•••	•••••	••••••	
12.	Mode and type of pr	oductio	n			•••	•••••	••••••	
13.	Electrical wiring syst	tem	•••••	sanctio	oned electrical	l load	••••		
14.	List of raw material	•							
15.	15. Name of finished products								
16.	Detail of insurance,	if any							
17.	Distance from neares	st Fire S	Station			•••••	•••••	••••••	
18.	Whether fresh NOC	or Rene	ewal			•••••	•••••	•••••	
19.	Details of First Aid F	ire Figl	hting eq	uipment/	extinguishers	already ins	stalled with	in the	
]	premises:-								
Sr. No.	Type of extinguishers	Cap.	Qty.	Make	Sr. No./ explosive No.	Years of Mfg.	Date of purchase	Remarks/ Refilling date	
1									
2									

3

4

5

Fixed Fire Fighting Installation:

a) Yard Hydrants/Landing Valve	Yes	b) Riser	Yes
	No		No
c) Down Comer	Yes	d) Hose Reel	Yes
	No		No
e) Automatic Sprinkler system	Yes	f) Automatic Detection and Alarm	Yes
	No	System	No
g) Manually Operated Electric Fire	Yes	h) Deluge valves & Monitors etc.	Yes
Alarm System	No		No
i) Delivery Hoses	Yes	j) Emergency Branch etc.	Yes
	No		No

20. Water supply (a) Under Ground Static Water Storage Tank with capacity
b) Terrace Tank with capacityWater source
21. Pump capacity in LPM.
a) Pump House at Ground level
b) Pump at Terrace level
22. Detail of safety equipments, if any i.e. Protective Suits, Entry Suit , B.A. Set etc.
23. Whether the workers / other staff are well conversant with the operation of first aid fire fighting equipments installed in the premisesYes No
24. Detail of flammable and hazardous materials along with Physical and Chemical data.
25. Whether P. A. system is installedYes No
26. Compliance/ recommendation, if any, made in previous inspectionYes No
27. Other information:
It is certified that the information provided in this form, is correct. No information

It is certified that the information provided in this form, is correct. No information has been concealed, misrepresented or falsified. I understand that in the event of any wrong information provided in this form the NOC is liable to be withdrawn / cancelled by the Fire Services

Signature