

FIRE SAFETY CERTIFICATE

No.

Date

Certified that the
building or premises) at
..... (address) comprise
of base/entire
(upper floors) owned/ occupied by
(name of the institution) have complied with the fire safety rules and regulations in
accordance with rule of State/ UT Fire Service Rules and verified by the officer in charge of
Fire Service on (date of inspection in the presence of
..... (name and addresses of the Manager/ Secretary or
representative) and that the building premises
..... (X/ XII) with effect from
..... year in accordance with rule and subject to
conditions as appended -

- 1.
- 2.
- 3.
- 4.

Issued on date of issue at

*Strike out whichever is not applicable

Signature of authorized person

Name

Designation

Name & Address of Department/ Office

To

(Name & Address of the Institution)

ENDORSEMENT

The No Objection Certificate issued by Fire Service stand with effect from
.....

(reasons to be recorded)

(Name and designation of the authorized person)

* The filled up certificate should be either in Hindi or English. If it is issued in vernacular language, a
translated notarized version in English be uploaded along with the original vernacular copy
as a single pdf.