

**FORM-I**

[See Rule-3 (1) (i)]

**Application for Registration for existing establishments/New Establishment/Amendment to certificate of Registration**

**A. Type of Establishment -**

(Factory/Motor Transport undertaking/Newspaper Establishment/Audio-Visual Production Establishment / Building and Other Construction Establishment /Plantation / Contract Work/ Manpower Supply/Other)

**B. Establishment Details.**

1. Name of Establishment:
2. Location and Address of the Establishment:
3. Others details of Establishment:
  - a. Total Number of employees engaged directly in the establishment:
  - b. Total Number of the contract employees engaged:
  - c. Total Number of Inter-State Migrant workers employed:

**4. Fill applicable part-****(a) For factories:**

Details of the manufacturing process	Full postal address and situation of the factory along with plan approval details	Name and address of the occupier and manager	Maximum number of workers to be employed on any day	Nature & Total amount of H.P. installs or propos & installed.
1	2	3	4	5

**(b) For Motor Transport Workers-**

Nature of motor transport services (e.g. City Services, Long distance freight etc)	Total number of route	Total route mileage	Total number of transport vehicle on the last date of preceding year
1	2	3	4

**(c) For building and other construction work:**

Type of Construction work	Probable period of commencement of work	Expected period for completion of work	Details of approval of the local authority
1	2	3	4

**(d) For Plantation-**

Total grant of plantation in hectare	Full name(s) and residential address(es) of the Proprietor's and Partner's of the plantation in case it is not registered under the Companies Act, 1956	Full name and residential address(es) of the Directors in the case of a Company registered under the Companies Act, 1956.	Full name and address(es) of the Chief Executives or General Manager of the Plantation in the Public Sector
1	2	3	4

5. Ownership Type/Sector;
6. Activity as per National Industrial Classification;

7. Details of Selected NIC Code:
8. e-sign/ digital sign of employer/ representative/applicant :

**B. Details of Employer:-**

1. Name & Address of Employer / Occupier / Owner/Agent/ Chief Executive/ port authority etc :
2. Designation :
3. Father's/ Husband's Name of the Employer :
4. Email Address, Telephone& Mobile No :

**C. Manager/ Agent Details**

1. Full name & Address of Manager/ Agent or person responsible for supervision and control of the Establishment
2. Address of Manager/ Agent:
3. Email Address, Telephone& Mobile No. :

**D. Contractor Details**

Name and Address Contractor	Email address& Mobile of Contractor	Name of Work	Maximum No. of Contract labour engaged	Maximum no. of migrant worker employed by contractor	Date of Commencement / Probable date of Completion of work
1	2	3	4		5

**E. Others Details:-**

Signature/ E-sign/digital sign of employer

Dated:-

Place:-

## FORM-II

[See Rule-3(1)(iii)]

## Certificate of Registration of Establishment

Registration No.

Date

A Certificate of registration containing the following particulars is hereby granted under sub section (2) of section 3 of the Occupational Safety, Health and Working Conditions Code, 2020 (....of 2020) to..... (Name of the establishment)

1. Nature of work carried on in the establishment (Please tick mark)
  - (a) Factory
  - (b) Contract Work
  - (c) Building and Other Construction Works
  - (d) any other work (not covered above)
2. Details of the establishment:
  - a. Total Number of employees engaged directly in the establishment:
  - b. Total Number of the employees engaged through contractor .....
  - c. Total Number of Contractors and their details:
  - c. Number of inter-state migrant workers engaged:

**3 Extra Details of establishment-****(a) For factories:**

Details of the manufacturing process	Full postal address and situation of the factory along with plan approval details	Name and address of the occupier and manager	Maximum number of workers to be employed on any day	Nature & Total amount of H.P. installs or propos & installed.
1	2	3	4	5

**(b) For Motor Transport Workers-**

Nature of motor transport services (e.g. City Services, Long distance freight etc)	Total number of route	Total route mileage	Total number of transport vehicle on the last date of preceding year
1	2	3	4

**(c) For building and other construction work:**

Type of Construction work	Probable period of commencement of work	Expected period for completion of work	Details of approval of the local authority
1	2	3	4

(d) For Plantation-

Total grant of plantation in hectare	Full name(s) and residential address(es) of the Proprietor's and Partner's of the plantation in case it is not registered under the Companies Act, 1956	Full name and residential address(es) of the Directors in the case of a Company registered under the Companies Act, 1956.	Full name and address(es) of the Chief Executives or General Manager of the Plantation in the Public Sector
1	2	3	4

4. Amount of registration fee paid.....

5. Remarks of registering officers

/Signature E -Sign/DSC of Registering Officer  
along with designation

Place:

Date:

**Conditions of Registration**

- (1). Every certificate of registration issued under rule 4 shall be subject to the following conditions, namely:
  - (a). the certificate of registration shall be non-transferable;
  - (b). the number of workers employed in an establishment directly and contract employees shall not, on any day, exceed the maximum number specified in the certificate of registration; and
  - (c). Save as provided in these rules, the fees paid for the grant of registration certificate shall be non-refundable.
- (2). The employer shall intimate the change, if any, in the number of workers or the conditions of work to the registering officer within 30 days
- (3). The employer shall, within thirty days of the commencement and completion of any work, intimate to the Inspector-cum-Facilitator, having jurisdiction in the area where the proposed establishment or as the case may be work is to be executed, intimating the actual date of the commencement or, as the case may be, completion of establishment such work in **Form IV** annexed to these rules electronically.
- (4). A copy of the certificate of registration shall be displayed at the conspicuous places at the premises where the work is being carried on.

**FORM-III**  
[See Rule-3(8)]  
**Register of Establishment**

Sl. No	Nature of work	Registration No. and date	Name and Address, location of the establishment registered	Name, Address and Contact Details of Employer	Total number of Workers and Total Horse Power (if any)	Total number of contract Workers	Remarks
1	2	3	4	5	6	7	8
	(a) Factories (b) Plantation Work (c) Motor Transport Undertaking (d) Audio-Visual Establishment (e) Building and other Construction work (f) Contract work (g) Interstate Migrant Work (h) Any other work (not covered above)						

**FORM-IV**

(See Rule-3(9) and Rule- 5)

**A- Notice of Commencement / cessation of Establishment:**

1. Registration No:
2. Name and Address of Establishment:-
3. Name & Designation of employer (who has ultimate control over the affairs of the establishment) :-
4. Full address to which communication relating to the establishment to be sent :-
5. Nature of work of the establishment :-
6. In case of the notice is for commencement of work the approximate duration of work:-
7. in case of cessation, the date of cessation:

I/We hereby intimate that the work of establishment having registration No. ....dated ..... is likely to commence/cessation is likely to be completed with effect from ..... (Date)/ On ..... (Date)

**In case of cessation of work:**

I/we hereby certify that the payment of all dues to the workers employed in the establishment have been made and the premises are kept free from storage of hazardous chemicals and substances.

**Signature of the Employer**

To,

**The Inspector-cum-Facilitator**

**FORM-V**

*(Rule-6)*

The medical examination shall be conducted by a qualified medical practitioner as per following proforma:

**A. Demographics:**

Question	Answer	Remarks
Date:		
Name of the Worker:		
Age:		
Permanent Address:		
Gender:		
Total Number of family Members:		
Total monthly family Income:		
Is the employee under ESI (Employees' State Insurance) Scheme? If yes, provide IP Number	Yes/No	
Is the employee under any other health scheme apart from ESI-Scheme? (If yes, provide the name of the scheme)	Yes/No	

**B. Occupational**

Question	Answer	Remarks
Present Designation:		
Work Profile:		
Duration of service in the present work profile:		
Working Hours per shift:		
Night Shift Per Week:		
Night Shift per Month:		

**C. Brief Review of Medical History: Diagnosed previously or currently under treatment or Currently suffering from**

Question	Answer	Remarks
Anaemia		
Jaundice		
Asthma		
COPD		
History of Any other Lung Disease: (If Yes, Please Specify)		
Vertigo/Dizziness		
Diabetes Mellitus		
Hypertension		
Any Cancer (If Yes, Please Specify the Cancer)		
Chronic Low Back Pain		
Chronic Pain in hand or Elbow		
Hernia		
Hydrocele		
Varicose Vein		
Haemorrhoids		
History of amputation/fracture/dislocation injury during work (If Yes, please specify)		
Dermatitis (If Yes, specify Site)		

Hearing Impairment		
Visual Impairment		
Any Major Illness requiring hospitalization in last 1 year (If Yes, Name of the Disease)		
Occupational Injury in Last 1 year: if yes Specify the Location of injury and frequency		

**D. Current Symptoms-Diseases Module**

Question	Answer	Remarks
Smoking habit		
Chewing Tobacco or Pan Masala or Gutkha:		
Alcohol Addiction		
Dermatosis (Irritant Contact Dermatitis/Eczema/Chloracne/Allergic Contact Dermatitis):		
Mucosal Irritation of eyes/Nose/Throat with response to chemical agent or biological agent:		
Symptoms like Respiratory Difficulty/ Chest Tightness/Dry Cough at beginning of shift:		
Currently suffering from TB:		
Jaundice or Hepatitis:		
Currently suffering from Low Back Pain		
Currently suffering from Pain in hand or Elbow:		
Currently suffering from Visual Problems		
Currently suffering from Hearing Problems		
Any current injury (amputation/ fracture/ dislocation)		
Any current musculoskeletal sprains/ strains		

**E. Physical Examination****Date of Examination:**

Question	Answer	Remarks
General Skin Condition: (If Any Dermatitis, please mention its location)		
Weight (in Kg):		
Height (in Meter)		
Temperature ( <sup>0</sup> F):		
BP:		
Pulse:		
SpO2:		
Respiratory Rate:		
Examination of Breast of female-employee		

**F. Investigation Report**

- Routine Blood Investigation: Attach the photocopy of the report**  
  **Blood Grouping & Rh Typing and HB Electrophoresis Once in a lifetime**

Parameter	Answer (Normal/Increase/Decrease)	Value
Hb%:		
Total WBC Count and Differential Count:		
Platelet Count:		
ESR:		
FBS:		
PPBS:		
HBA1C level		
BUN:		
Creatinine:		
Total Protein		
Albumin		
Globulin		
SGOT		
SGPT		
Bilirubin		
Urine RE		
Urine ME		
Prostate Specific Antigen (PSA)		

**G. Standard Chest X Ray (PA) View: attach the photocopy of the report**

**Date:**

Parameter	Answer (Normal/Abnormal)	Value ( if any importance)
Report		

Report

**H. Spirometry: attach the photocopy of the report (For mine employee)**

**Date:**

Parameter	Answer (Normal/Increase/Decrease)	Value
Report		
Observed:		
Predicted:		
FVC:		
Observed:		
Predicted:		
FEV1/FVC:		
Final Report: Normal / Obstructive Lung Disease/Restrictive Lung Disease/ Mixed Lung Diseases		



**I. Audiometry (Pure Tone / BERA): attach the photocopy of the report (For Mine Employee)****Date:**

Parameter	Value/Result/Interpretation
Visual inspection of Eye for any abnormality like wax in external ear, infection etc	
Right Ear Hearing Threshold:	
Left Ear Hearing Threshold:	
Final Report preferable based on BERA:	
Right Ear:	
Left Ear:	

**J. Eye Examination: attach the photocopy of the report****Date:**

Parameter	Value/Result/Interpretation
Visual inspection of Eye for any abnormality like corneal opacity/scaring, cataract etc.	
Visual Acuity: Right	
Visual Acuity: Left	
Colour Vision	
Field of Vision	
Binocularity	
Lateral Phoria	
Vertical Phoria	
Stereoscopic Vision and Depth Perception Testing	
Fundus (Retina) examination	

**K. 12 lead ECG and Echocardiography:**

Final Report:

**L. MEDICAL FITNESS TESTS FOR PERSONS WORKING AT HEIGHT (as may be applicable):**

- Detailed Medical History and in-Depth General Medical Examination including tests for Vision, Hearing, Musculoskeletal System, Respiratory System, Cardiovascular System etc.

As applicable to all employees

- Special Examination
  - Cardiovascular  
Uncontrolled hypertension or ischemic heart disease will be a contraindication. In the presence of hypertension and abnormal ECG findings, the employee should be referred to a Cardiologist for fitness.
  - Tests for Labyrinthine functions and for sense of position Eye Examination for Bilateral Nystagmus, Romberg sign.  
The presence of bilateral nystagmus and a positive Romberg sign will be an absolute contra-indication.
  - Neurological examination Evaluate seizure disorders: CT Scan of Brain and E.E.G if indicated
  - Assessment of Diabetic Control Status:  
(in case of employees suffering from Diabetes Mellitus)
  - Assessment of Phobia (Acrophobia) and any other Mental Health Disorder like Anxiety or Depression
  - Evaluation for Vertigo and Dizziness

**For use of Industrial Safety Section:**

Walking freely over a horizontal bar at 1 ft. height: PASS / FAIL

Wearing a safety belt and tying the rope knot: PASS/ FAIL

Walking over a horizontal structure at 9 ft. height wearing a belt: PASS/ FAIL  
 General physique (O.K./NOT O.K): PASS/ FAIL

**M. Any other information/examination/biological investigation/test as mutually agreed by the employer and qualified medical practitioner.**

**FORM-VI  
 (See Rule-8)**

**NOTICE OF ACCIDENT OR DANGEROUS OCCURRENCE**

- E.S.I.C. Employer's Code number : E.S.I.C. Insurance
- Number of the injured person :
1. Name of employer :
2. Address of works / premises where the accident or dangerous occurrence took place :
3. Nature of industry and LIN of the establishment/ (Registration number of establishment) :
4. Branch or department and exact place where the accident or dangerous occurrence took place :
5. Name and address of the injured person :
6. (a) Sex :
- (b) Age (at the last birthday) :
- (c) Occupation of the injured person :
7. Local E.S.I.C. Office to which the injured person is attached :
8. Date, shift and hour of accident or dangerous occurrence :
9. (a) Hour at which the injured person started work on the day of accident or dangerous occurrence :
- (b) whether wages in full or part are payable to him for the day of the accident or dangerous occurrence :
10. (a) Cause or nature of accident or dangerous occurrence :

(b) If caused by machinery-

(i) Give the name of machine and the part causing the accident or dangerous occurrence :

(ii) state whether it was moved by mechanical power at the time of accident or dangerous occurrence :

(c) State exactly what the injured person was doing at the time of accident or dangerous occurrence :

(d) In your opinion, was the injured person at the time of accident or dangerous occurrence -

(i) acting in contravention of provisions of any law applicable to him; or

(ii) acting in contravention of any orders given by or on behalf of his employer; or

(iii) acting without instructions from his employer?

(e) In case reply to (d) (i), (ii) or (iii) is in the affirmative, state whether the act was done for the purpose of and in connection with the employer's trade or business. :

11. In case the accident or dangerous occurrence took place while travelling in the employer's transport, state whether -

(a) the injured person was travelling as a passenger to or from his place of works; :

(b) the injured person was travelling with the express or implied permission of his employer; :

(c) the transport is being operated by or on behalf of the employer or some other person by whom it is provided in pursuance of arrangements made with the employer; and :

(d) the vehicle is being/not being operated in the ordinary course of public transport service :

12. In case the accident or dangerous

occurrence took place while meeting  
emergency, state- (a) its nature ; and

(b) whether the injured person at the time  
of accident or dangerous occurrence was  
employed for the purpose of his employer's  
trade or business in or about the premises  
at which the accident or dangerous  
occurrence took place. :

13. Describe briefly how the accident or  
dangerous occurrence took place :

14. Names and addresses of  
witnesses : (1)  
(2)

15. (a) Nature and extent of injury  
(e.g. fatal, loss of finger, fracture  
of leg, scald, scratch followed by  
sepsis, etc.) :

(b) Location of injury (e.g. right leg,  
left hand, left eye, etc.)

16. (a) If the accident or dangerous  
occurrence was not fatal, state  
whether the injured person was  
disabled for more than 48 hours :

(b) date and hour of return of work :

17. (a) Physician, dispensary or hospital  
from whom or which the injured  
person received or is receiving treatment :

(b) Name of dispensary/panel doctor  
elected by the injured person :

18. (a) Has the injured person died ? :

(b) If so, date of death :

I certify that to the best of my knowledge and belief the above particulars are correct in every respect.

Signature and Name and Designation of owner/ employer /manager/agent

Date of dispatch of report :

Place:

**FORM-VII**

[See Rule-27]

**NOTICE OF PERIODS OF WORK**

Name of the Establishment.....Place..... District.....

Periods of work Groups, Relays	Men												Women												Description of Groups, Nature of work	Remarks			
	Total no. of men employed												Total no. of women employed																
	A			B			C			D			E			F			G			H							
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3					

On working days

From ..

To ..

From ..

To ..

From ..

To ..

On partial

Working days

From ..

To ..

From ..

To ..

Date on which this notice is first exhibited :

Signature of manager or agent :

Date :



**FORM-IX**  
(See Rule-30)  
**ANNUAL RETURN**  
**UNIFIED ANNUAL RETURN FORM**  
**FOR THE YEAR ENDING.....**

**Single Integrated Return to be filed On-line under the Occupational Safety, Health and Working Conditions Code, 2020,**  
**the Code on Industrial Relations, 2020, the Code on Social Security , 2020, and the Code on Wages, 2019**

**Instructions to fill up the Annual Return**

- (1) This return is to be filled-up and furnished on or before 28th or 29th February every year.
- (2) The terms Establishment shall have the same meaning as under the Occupational Safety, Health and Working Conditions Code, 2020.
- (3) This return is to be filled-up in case of Contractor or manpower supplier who have engaged more than 50 workers employed in the relevant period.

**Applicable to All Establishments - Part-I**

**A. General Information:**

Sl. No.			Instructions for filling the column
1	Labour Identification Number/Registration No.		EPFO, ESIC, MCA, MoLE (LIN)
2	Period of the Return	From - To-	Period should be calendar year
3	Name of the Establishment		
4	Email ID		
5	Telephone No.		
6	Mobile number		
7	Premise name		
8	Sub-locality		
9	District		
10	State		
11	Pin code		
12	Geo Co-ordinates		

<b>B(a).</b>	<b>Hours of Work in a day</b>	
<b>B(b).</b>	<b>Number of Shifts</b>	

C. Details of Manpower Deployed									
Details	Directly employed				Employed through Contractor				Grand Total
	Highly Skilled	Skilled	Semi-Skilled	Un-Skilled	Highly Skilled	Skilled	Semi-Skilled	Un-Skilled	
(i) Maximum No. of employees employed in the establishment in any day during the year	Male	Female	Transgender	Total	Male	Female	Transgender	Total	
(ii) Average No. of employees employed in the establishment during the year	Male	Female	Transgender	Total	Male	Female	Transgender	Total	
(iii) Migrant Worker out of (ii) above	Male	Female	Transgender	Total	Male	Female	Transgender	Total	
(iv) Number of fixed term employee engaged	Male	Female	Transgender	Total	Male	Female	Transgender	Total	

D. Details of contractors engaged in the Establishment:			
Sl. No.	Name with LIN/Registration Number of the Contractor		No. of Contract Labour Engaged
E. Details of various Health and Welfare Amenities provided.			
Sl. No.	Nature of various welfare amenities provided	Statutory (specify the statute)	Instructions for filling
1	Whether facility of Canteen provided (as per section 24(v) of OSH Code, 2020)	Tick yes or no in the box	Applicable to all establishments where in hundred or more worker including contract labour were ordinarily employed
2	Crèches (as per section 67 of Code on Social Security Code, 2020 and Section 24 of the OSH Code 2020)	Tick yes or no in the box	Applicable to all establishments where fifty or more workers are employed
3	Ambulance Room (as per section 24(2)(i) of OSH Code, 2020)	Tick yes or no in the box	Applicable to mine, building and other construction work wherein more than five hundred workers are ordinarily employed
4	Safety Committee (as per Section 22(1) of OSH Code, 2020.	Tick yes or no in the box	Applicable to establishments and factories employing 500 workers or more, factory carrying on hazardous process and BoCW employing 250 workers or more, and mines employing 100 or more workers
5	Safety Officer (as per section 22(2) of OSH Code, 2020)	No. of safety officers appointed	In case of mine 100 or more workers and in case of BoCW 250 or more workers are ordinarily employed.
6	Qualified Medical Practitioner (as per Section 12 (2) of OSH Code 2020.	No. of Qualified Medical Practitioner appointed.	There is no specification for minimum number of Qualified Medical Practitioner employed in establishment. However, this detail is required to have data on occupational health.



F. The Industrial Relations:					Instructions for filling	
1	Is the Works Committee has been functioning. (section 3 of IR Code, 2020)		Yes/No		Industrial establishment in which 100 or more workers are employed	
(a)	Date of its constitution.					
2	Whether the Grievance Redressal Committee constituted (section 4 of IR Code, 2020)		Yes/No		Industrial establishment employing 20 or more workers are employed	
3	Number of Unions in the establishments.					
4	Whether any negotiation union exist (Section 14 of IR Code, 2020)		Yes/No			
5	Whether any negotiating council is constituted (Section 14 of IR Code, 2020)		Yes/No			
6	Number of workers discharged, dismissed, retrenched or whose services were terminated during the year:					
	<b>Discharged</b>	<b>Dismissed</b>	<b>Retrenched</b>	<b>Terminated or Removed</b>	<b>Grand Total</b>	
7	<b>Man-days lost during the year on account of</b>					
Sl. No.	Reasons		Period / Date	No. of man-days lost	Loss in term of money	
(a)	Strike					
(b)	Lockout					
8.	<b>Details of retrenchment / lay off</b>					
Sl. No.	No. of persons retrenched during the period	Details of payment paid to retrenched employees	No. of workers laid off during the period	No. of man-days lost due to lay-off		

G. Details pertaining to maternity benefit:				
<b>No. of female employees</b>	<b>No. of female employees availed maternity leave</b>	<b>No. of female employees paid medical bonus</b>	<b>No. of deduction of wages, if any made from female employees</b>	

H. Details of payment of bonus:			
<b>Sl. No.</b>	<b>No. of employees covered under the Bonus provision</b>	<b>Total amount of bonus actually paid</b>	<b>Date on which the Bonus paid</b>

I. Details of accidents, dangerous occurrence and notifiable diseases:				
Sl. No.	Total number of accidents by which a person injured is prevented from working for a period of 48 hours or more as per Section 10 of the OSH Code, 2020.	Total number of fatal accidents and names of the deceased as per Section 10 of the OSH Code, 2020.	Total number of Dangerous Occurrences as defined under Section 11 of the OSH Code, 2020	Total number of cases of Notifiable Diseases specified in Third Schedule of the OSH Code, 2020 along with the details of affected persons
J. Mandays and Production Lost due to accidents / dangerous occurrence				
Sl. No.	Accident/Dangerous Occurrence	Mandays lost	Production Lost	

**FORM-X**

(See Rule-31)

**REGISTER OF ACCIDENTS AND DANGEROUS OCCURRENCES**

Name of Injured person (if any)	Date of Accident or dangerous occurrence	Date of report to inspector-cum-Facilitator	Nature of accident or dangerous occurrence	Date of return of injured Person to work	Number of days the injured Person was absent from work
1	2	3	4	5	6

**FORM-XI**

[See Rule-32(i)]

**REGISTER FOR LEAVE WITH WAGES**

Part I - Adults

Part II - Adolescents

Establishment:

Department :

Name of worker :

Father's Name:

Sl. No	Sl.no. in the register of workers	Date of entry into service	Sickness and accidents					Leave due with effect from	Whether leave not desired during the next 12 months	Date from which the worker is allowed leave	Wages for Leave Paid in	Discharged worker		Remarks
			Sickness and accidents	Authorized Leave	Lock Out or Legal Strike	Involuntary unemployment	Others					Date of Discharge	Date & amount of payment made in lieu of leave due	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

**Note:-** Separate page shall be allotted to each worker

**FORM -XII**

(See Rule-35)

**IMPROVEMENT NOTICE AND PROHIBITION ORDER****PART I****PROHIBITION ORDER**

Inspector-cum-facilitators Notice on Inspection of Establishment, Lifting Appliance, Loose Gears and other such

gears, Equipment, Ladders and Staging. Inspector-cum-Facilitator's notice to the occupier, employer, owner, master, Officer-in-charge, Owner of lifting appliances, loose gears and lifting devices or the person, scaffold who, by himself, his agents, or his employers as the case may be.

Name of the establishment, lifting appliance, lifting device, transport equipment, ladders and staging	Where situated lying/ used/ location	Registration no. of the establishment	LIN No. of the establishment
1	2	3	4

An inspection of the above named establishment, lifting appliances, loose gears, lifting devices, transport equipment, ladders and staging was made on \_\_\_\_\_.

The activities connected with establishment which are being carried on by you/about to be carried on by you/under your control involve a risk or danger to the life. Safety and health of employee and involve the following contraventions :

**CONTRAVENTIONS**

Therefore. I hereby direct that the said activities shall not be carried on by you or under your control unless the said contraventions and matters mentioned have been remedied to the satisfaction of the Inspector-cum-Facilitator. This order is being issued without prejudice or any legal action which may be taken for these contraventions. On hearing from you that the requirements have been complied with the establishment, lifting appliance, loose gear or similar gear/transport equipment/ladders/ staging, scaffold shall again be visited with a view to the inspection being completed.

No. \_\_\_\_\_

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of 20 \_\_\_\_\_

Inspector-cum-Facilitator under the Occupational Safety, Health and Working Conditions Code, 2020

**REQUIREMENTS**

On compliance with all or any of the above contraventions, the Inspector-cum-Facilitator shall be informed in the manner prescribed overleaf, of the date and place at which the establishment, lifting appliance, loose gears or similar gear transport equipment, ladders and staging, scaffold can be re-inspected.

Sir,

The contravention notified by you have been effectively attended to. The establishment, lifting appliance, loose gears or similar gear, transport equipment, ladders and staging, scaffold shall be ready for inspection on the date

Sir,

The contravention notified by you have been effectively attended to. The establishment, lifting appliance, loose gears or similar gear, transport equipment, ladders and staging, scaffold shall be ready for inspection on the date and place named below:

Date of Inspection	Place
Dated at _____ this day of _____ 20_____	Employer, Occupier, Owner, Manager, Master, Officer-in-charge or Agents, owner of machinery and gear or the person, who by himself, his agents or his employers, carried on the establishment.

To

The Inspector-cum-Facilitator under the Occupational Safety, Health and Working Conditions Code, 2020

**PART - II**

**Improvement Notice**

Inspector-cum-Facilitator's notice to the employer, Owner, Master, Manager, Officer-in-Charge or Agents, Owner of lifting appliances, loose gears lifting devices, scaffold or the person, who, by himself, his agents or his employers, carries on the establishment, as the case may be.....

Name of the establishment, lifting appliances, loose gear, lifting device, transport, equipment, ladders and stagings, scaffold;	Where situated/lying used/location	Port of Registry	Official no.(if any) of the ship

An inspection of the above-named establishment, dock, ship, lifting appliances, loose gears, lifting devices, transport equipment, ladders and stagings, scaffold was made on .....

The following contraventions were observed. You are required to remedy the said contraventions and send the compliance report in writing within..... days.

This notice is being issued without prejudice to any legal action which may be taken for these contraventions on hearing from you that the requirements have been complied with the establishment, lifting appliance/loose gear or similar other gear/transport equipment/ladders/ staging, scaffold will again be visited with a view to the inspection being completed.

Contraventions No. \_\_\_\_\_ Dated \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_  
20\_\_\_\_ Inspector-cum-Facilitator under the Occupational Safety, Health and Working Conditions Code, 2020 Requirements. On compliance with all or any of the requirements, the Inspector-cum-Facilitator should be informed in the manner prescribed overleaf of the date and place at which the establishment, lifting appliance, loose gear, transport equipment, ladders and staging, scaffold can be re-inspected.

The requirements noted by you have been effectively fulfilled. The establishment, lifting appliance, loose gear, lifting devices, transport equipment, ladders and staging, scaffold will be ready for inspection on the date and place named below:

Date of Inspection	Place
Dated at _____ this day of _____ 20_____	Employer, occupier, Owner, Master, Manager, Officer-in-charge or Agents, owner of machinery and gear or the person, who, by himself, his agents or his employers, carried on the establishment.

To

The Inspector-cum-Facilitator under the Occupation Safety, Health and Working Conditions Code, 2020.

**FORM-XIII**

(See Rule-44 and 45)

**APPLICATION FOR LICENSE**

<b>On Line Application for License/ Renewal of License/Amendment of License (including Common/single license)</b>	
Labour Resource Department Government of Bihar	
<b>ESTABLISHMENT PROFILE:</b>	
Labour Identification Number /Registration No.-	Date .....
Acknowledgement Number: ..... Date of Application: .....	
<b>I. Particulars of Establishment for which licence required:</b>	
1. Name of Establishment:	
2. Address of establishment	
(a) Head Office address along with email Id :	
(b) Corporate office address along with email Id:	
3. Telephone Number :	
4. Activity as per National Industrial Classification : (Select all applicable activities given)	
5. Details of selected NIC Code:	
6. Nature of work carried on in main establishment :	
7. Esign/digital sign of applicant :	
<b>II. Details of Employer:</b>	
1. Full Name of Employer: .....relationship with establishment.	
2. Full Address of Employer:	
3. Email Id of employer:	
4. Mobile No. of employer:	
<b>III. Particulars of the Contract Labour to be employed / is employed (If licence is required work wise)</b>	

Locations of worksites	Name of works	Activity as per national industrial classification	Date of commencement	Date of completion	Name of Establishments in which contract labour is/proposed to be employed	Name Address, email id of the Site Incharge
1	2	3	4	5	6	7
5. Maximum number of workmen proposed to be employed on the Establishment on any date: 24						
6. Amount of Licence Fee: <b>INR</b> ( Transaction Id : )						
7. Amount of Security Deposit: <b>INR</b> ( Transaction Id : )						
<b>IV. DETAILS OF ESTABLISHMENTS FOR WHICH COMMON LICENCE REQUIRED, (IF APPLYING FOR)</b>						
Type of Establishments	Name & Address of establishment	(i)Nature of work carried out in the establishment (ii) Activity as per National Ind'l classification	Date of commencement	Permanent establishment or probable date of completion	Maximum number of employees employed/ proposed to be employed	Maximum number of employees employed/ proposed to be employed
1	2	3	4	5	6	7

V. DETAILS OF ESTABLISHMENTS FOR WHICH SINGLE LICENCE IS REQUIRED (IF APPLYING FOR)						
Name of States in which the establishments are situated	Name of each work	Maximum number of labour will be/is employed	Date of commencement	Permanent establishment or probable date of completion	Maximum number of employees employed/proposed to be employed	Registration number, if obtained, then details thereof
1	2	3	4	5	6	7

<b>Signature of Contractor</b>
<b>(eSign/DSC)</b>
Note: This is an online application summary applied on Shram Suvidha Portal.
<b><u>APPLICATION FOR RENEWAL OF LICENCE</u></b>
1. Licence No. <span style="float: right;">Date :</span>
2. LIN & PAN
2. Name and address of the establishment:
3. Date of expiry of previous licence :
4. Whether the licence of the employer/contractor was suspended or revoked:
5. Details of Fees paid : (Enclose e-payment receipt): Amount .... date of payment :
E-sign /digital sign of the employer/contractor <span style="float: right;">date:</span>
<b><u>APPLICATION FOR AMENDMENT OF LICENCE :</u></b>
1. Licence No Date:
2. LIN & PAN
3. Name and address of the establishment:
4. Details for which amendment is sought :
(a). Maximum number of worker presently employed : (If there is increase in the maximum number of workers to be employed, then additional fees/security deposit as per law needs to be deposited:
(b). Details of fees paid through e payment date on which made :
(c). Other details requiring amendment in the licence issued (Necessary documents may be uploaded in support of change required)

E-sign /digital sign of the employer/contractor

date of application

**FORM-XIV**

(Under Rule-46)

**PROFORMA OF LICENSE**

Licence No. -----

Reg. No. -----

Date of Reg. -----

Licence is hereby granted to -----

for the premises known as -----

situated at -----

for use as a establishment within the limits stated herein after, subject to provisions of the Occupational Safety, Health and Working Conditions Code, 2020, and the rules made there under.

The ----- 20..

Issuing Authority

Sl.No.	Period of issue	Valid For	Fee	Date of Payment	Excess fee for late payment	Date of payment	Signature of the Issuing Authority
		Maximum number of Contract labour / workers on any one day					

**AMENDMENTS:**

Year when Amended	Maximum number of Contract labour /workers on any one day	Date of payment of amendment fee	Date of Payment	Signature of the Issuing Authority

**FORM-XV**

(Under Rule-55)

**EXPERIENCE CERTIFICATE OF CONTRACT EMPLOYEE**

To whom so ever concerned
1. Name of contractor/employer*:
2. LIN/PAN No. of the contractor/employer/Registration No. *:
3. Email Id of the contractor /employer *:
4. Mobile No. of the contractor/employer *:
5. Nature and location of work:
6. Name of Principal Employer*:
7. LIN/PAN No. of the Principal Employer :*
8. Email Id of the Principal Employer : *
9. Mobile No. of the Principal Employer :*
10. Name of the worker*:
11. UAN / Aadhaar No.:
12. Mobile No. :
13. Serial
14. Registration number, date and name of the Board if the building and other construction worker is registered as a beneficiary:
15. Period of Employment:
16. Designation:
Seal and Signature of Contractor
*Please strike off whichever is not applicable.



**FORM-XVI**  
**(Under Rule-60)**

**Agreement between Producer and Audio-visual worker**

This agreement is made on this day ..... month .....year..... between Messers..... having office at ..... (hereinafter referred to as the —Producer) on the first part and Shri/Smt/Kum .....son/daughter/wife of Shri ..... residing at ..... (hereinafter referred to as the —audio-visual worker) on the second part. The terms ‘Producer’ and ‘audio-visual worker’ shall include their heirs, successors, administrators and legal representatives:

Now, therefore this agreement is made as follows:

1. That both the parties agree that the duration of this agreement shall be from the date hereof till the completion of the audio-visual and this period shall not exceed consecutive months.

2. That the audio-visual worker agrees to attend studio, location or work place, as the case may be, subject to the requirement of his previous engagement and on his confirmation, to his respective job punctually as and when he shall be required by a written intimation by the Producer or the person duly authorised by him in writing.

3. That in consideration of the audio-visual worker services, as aforesaid, the Producer agrees to pay and the audiovisual worker agrees to receive a sum of Rs. ....(Rupees .....) payable as advance on signing of this agreement and the balance of Rs. ....payable in ..... equal installments.

4. That in the event of the audio-visual production being not complete within the stipulated period and the Producer still needing the services of the audio-visual worker to complete the audio-visual production, the producer agrees to pay and the audio-visual worker agrees to receive additional remuneration on pro-rata basis, payable in the same manner as stated in Clause 3 above, till the completion of the production.

5. That in case the assignment of the audio-visual worker is completed earlier than the period stipulated in Clauses 1 and 4 above, the producer shall settle the account of the audio-visual worker and pay the remaining balance of the agreement amount in full before the commencement of re-recording work/censor of the production, whichever is earlier.

6. That the audio-visual worker shall, if so required,

(a) attend the studios, location or work-place, as the case may be, earlier than the a scheduled time of the shift, for preparatory work, and in that case, he/she shall be paid by the Producer extra wages at the rate of Rs. ....per hour or part thereof for such early attendance.

(b) continue to work beyond the working day, with one hour break and in that case, he/she shall be paid by the Producer extra wages at the rate of Rs..... for the work during the extended hours and refreshments, and transport facilities.

8. That the Producer shall provide transport and food or pay traveling allowances to and fro to report to duty and food allowance while on duty as are customary or fixed by bilateral arrangements between the Producer’s and audio-visual worker’s representative organizations.

9. That the Producer shall also pay for all travelling and accommodation expenses, fares, cost of food and such other allowances as are customary when the audio-visual worker is required to work on location outdoors.

10. That the Producer shall get the audio-visual worker insured for any injury or damage to his/her person including death caused by accident arising out of or in the course of his/her employment and/or during the period of his/her assignment under this agreement.

11. That where the Producer is prevented from proceeding with the production of the audio-visual by reason of fire, riot, natural calamity, order of the public authority or any other reason beyond his control :-

- (a) he shall be entitled to suspend the operation of this agreement during the period of suspension of production in case the production is suspended. The producer shall serve notice in writing of such suspension on the audio-visual worker and shall pay all his/her dues up to the date of service of such notice. Upon resumption of work on the film, this agreement shall revive and shall remain valid for the period stipulated in Clause I excluding the period of suspension therefrom ; or
- (b) he shall be entitled to terminate this agreement as from the cessation of production, in case the production ceases completely. The producer shall serve a notice in writing of such cessation on the audio-visual worker and make payment of all the amount due to the audio-visual worker at the time of termination.

12. That in case if the Producer desires to terminate this agreement before the expiry of its term for reasons other than misconduct in relation to performance of the audio-visual worker's duties or of his/her unwillingness to perform the services required under this agreement, the producer shall be entitled to do so only upon payment of the balance of the stipulated amount of the agreement. Only after such payment to the audio-visual worker, the Producer shall be titled to employ another audio-visual worker in his/her place.

13. That the Producer shall have the right to terminate this agreement on ground of misconduct on the part of the audio-visual worker in relation to performance of his/her duties or his/her unwillingness to perform the service required under the agreement, upon payment to the audio-visual worker of the amount due at the time of termination, calculated taking into consideration the audio-visual worker's total work in the audio-visual and the work he/she has completed till the date of termination of this agreement. Termination under this clause shall not be made unless the charges of the Producer against the audio-visual worker are proved before a forum comprising equal number of representatives of the Producers' Organisation and the audio-visual worker's Organisation to which the Producer and the audio-visual worker respectively may belong. The decision of the forum shall be binding on both the parties. The producer can engage another audio-visual worker for the job towards this agreement only after the forum has given a decision in favour of such termination and the audio-visual worker has been paid all his dues.

14. That in case of premature termination of this agreement, it shall be the option of the Producer whether or not to retain the work of the audio-visual worker in the audio-visual and at the same time, it shall be option of the audiovisual worker whether or not to allow his/her name to go on the credit titles of the film.

15. That the Producer shall have the right to decide the manner of representing the audio-visual worker's personality on the screen, his/her clothes, make-up and hair-style and the audio-visual worker shall

fully and willingly comply with the direction of the Producer in this regard, provided that the requirements of the Producer in this respect have been notified to the audio-visual worker and accepted by him/her.

16. That the audio-visual worker agrees that he/she shall render his/her services to the best of his/her ability in such manner as the Producer or, at his instance, the Director of the audio-visual may direct and shall comply with all reasonable instructions that he may give for the production of the film.

17. That the Producer shall also pay for all traveling and accommodation expenses, fares, cost of food and such other allowances as are customary when the audio-visual worker is required to work on location outdoors.

18. That the Producer shall get the audio-visual worker insured for any injury or damage to his/her person including death caused by accident arising out of or in the course of his/her employment and/or during the period of his/her assignment under this agreement.

19. That where the Producer is prevented from proceeding with the production of the audio-visual by reason of fire, riot, natural calamity, order of the public authority or any other reason beyond his control :-

- (a) he shall be entitled to suspend the operation of this agreement during the period of suspension of production in case the production is suspended. The producer shall serve notice in writing of such suspension on the audiovisual worker and shall pay all his/her dues up to the date of service of such notice. Upon resumption of work on the film, this agreement shall revive and shall remain valid for the period stipulated in Clause I excluding the period of suspension there from ; or
- (b) he shall be entitled to terminate this agreement as from the cessation of production, in case the production ceases completely. The producer shall serve a notice in writing of such cessation on the audio-visual worker and make payment of all the amount due to the audio-visual worker at the time of termination.

20. That in case if the Producer desires to terminate this agreement before the expiry of its term for reasons other than misconduct in relation to performance of the audio-visual worker's duties or of his/her unwillingness to perform the services required under this agreement the producer shall be entitled to do so only upon payment of the balance of the stipulated amount of the agreement. Only after such payment to the audio-visual worker, the Producer shall be entitled to employ another audio-visual worker in his/her place.

21. That the Producer shall have the right to terminate this agreement on ground of misconduct on the part of the audio-visual worker in relation to performance of his/her duties or his/her unwillingness to perform the service required under the agreement, upon payment to the audio-visual worker of the amount due at the time of termination, calculated taking into consideration the audio-visual worker's total work in the audio-visual and the work he/she has completed till the date of termination of this agreement. Termination under this clause shall not be made unless the charges of the Producer against the audio-visual worker are provide before a forum comprising equal number of representatives of the Producers' Organisation and the audio-visual worker's Organisation to which the Producer and the audio-visual worker respectively may belong. The decision of the forum shall be binding on both the parties. The producer can engage another audio-visual worker for the job towards this agreement only after the forum has given a decision in favor of such termination and the audio-visual worker has been paid all his dues.

22. That in case of premature termination of this agreement, it shall be the option of the Producer whether or not to retain the work of the audio-visual worker in the audio-visual and at the same time, it shall be option of the audiovisual workers whether or not to allow his/her name to go on the credit titles of the film.

23. That the Producer shall have the right to decide the manner of representing the audio-visual worker's personality on the screen, his/her clothes, make-up and hair-style and the audio-visual worker shall fully and willingly comply with the direction of the Producer in this regard, provided that the requirements of the Producer in this respect have been notified to the audio-visual worker and accepted by him/her.

24. That the audio-visual worker agrees that he/she shall render his/her services to the best of his/her ability in such manner as the Producer or, at his instance, the Director of the audio-visual may direct and shall comply with all reasonable instructions that he may give for the production of the film.

25. That the audio-visual worker shall comply with all the regulations of the studio, location or work place as the case may be.

26. That the Producer shall not without the consent in writing of the audio-visual worker, assign or transfer the benefit of this agreement to any other person.

27. That the provisions of the Employees' Provident Funds and Miscellaneous Provisions Act, 1952 shall be applicable to this agreement.

28. That the Producer shall not utilise the work of the audio-visual worker in any film, other than the audio-visual under this agreement, without prior permission of the audio-visual worker.

The parties have put their hands to this agreement on the date, month and year said above in the presence of each other and in the presence of the witnesses.

1. Witness  
Name Address

Producer

2. Witness  
Name Address

audio-visual worker

**Form No. XVII**

[See Rules 63]

**Application for grant or renewal of licence for Bidi & Cigar Establishment**

1. Registration No. of Establishment as per Section 3 of OSH code .....
2. Full name of the industrial premises-
3. (i) Full postal address and situation of the industrial premises.  
(ii) Full address to which communication relating to the industrial premises should be sent.  
(iii) Full address of the applicant.
4. Maximum number of employees proposed to be employed on any one day during the financial year.
5. Full name and residential address of employer -
6. If the employer is a partnership, company, etc. full name and residential address of other partners or directors, etc. (\* Note 1).
7. Financial resources of the employer (e.g., particulars and value of movable and immovable properties, bank reference, income-tax assessment, etc.).
8. Whether the employer is a trade mark-holder registered under the Trade and Merchandise Marks Act, 1958.
9. Value of beedis or cigar or both manufactured at the industrial premises during the preceding financial year.
10. Previous experience of the applicant\* in the industry.
11. Whether the proposed site of the industrial premises amounts to the alteration of the site of any existing industrial premises and, if so, the reasons for such alteration.
12. Whether any industrial premises was closed by the applicant during the period of twelve months immediately preceding the date of the application, and if so, the reasons therefor.
13. Source of obtaining tobacco.
14. Whether the beedis or cigars or both manufactured by the applicant\* will be sold and marketed by himself or through a proprietor or a registered user of a trade mark registered under the Trade and Merchandise Marks Act, 1958, or any other person.\*
15. Whether the plans of the premises are enclosed.

I hereby declare that the particulars furnished by me in the form are to the best of my knowledge and belief accurate.

*Signature of applicant.*

**Note 1.** - Where an industrial premises is run or proposed to be run by a contractor for or on behalf of another person or persons or company, etc., the said other person or persons or company, etc., is under the Act the employer and particulars to be entered for "employer" in the Form should be in regard to such person, persons or company, etc.

\*The application for licence may however be made either by the contractor or the employer.

- (2) If any person named against item 5 shall not be minor.

**Form No. XVIII**

[See Rule 63 (3)]

**Licence**

Licence No.

Registration No.

Licence is hereby granted as to.....valid only for the premises described below for use as industrial premises employing not more than ..... employees on any one day during the year.....subject to the conditions specified in Annexure

The licence shall remain in force till the 31st day of March.

Name of industrial premises.

Situation of the industrial premises.

Permission is also granted for the installation of power-driven machinery.

Signature and seal of the competent authority

**Renewal**

[See Rule 63 (5)]

Date of renewal	Fees paid for renewal	Date of expiry.
1.		
2.		
3.		
4.		

Date

Signature and seal of the competent authority

**Annexure**

The licence is subject to the following conditions :

- (1) The manufacturing process shall be carried on only in that part of the industrial premises specified for the purpose in the licence.
- (2) The maximum number of employees employed in the industrial premises shall not on any day exceed the number specified in the licence.
- (3) Power-driven machinery not specified in the licence shall not be used in the manufacturing process in the premises.
- (4) Except with the prior permission in writing of the competent authority, the industrial premises shall not be extended and except with the like permission no structural alterations shall be made in any building on such premises.
- (5) The licence shall not be transferable

**Form No. XIX**  
(See Rule No.-65)

(Application for Permission to work outside the Industrial Premises)

1. Registration no of Establishment-
2. Licence number -
3. Full name & address of Industrial Premises -
4. Name & address of Employer/Contractor -
5. Maximum number of worker employed any day in Establishment in last 12 Month. -
6. Maximum number of workers for which employers wants permission for work outside the industrial premises.

Signature of Applicant

**Form No. XX**  
(See Rule 65)

**Record of Outside Work**

Number and date of Government's order permitting work outside industrial premises.....

Date	Place or places where outside work was permitted	Nature of work	Name of employees	Remarks

**Form No. XXI**  
(See Rule-66)

**Home Workers Log Book**

1. Name and address of the Beedi Company
2. Name and address of the local employer/ Manager of the Company
3. Name and address of the Contractor/ Commission Agent
4. Central Excise Licence Number (L-2)
5. Name and address of the Beedi Worker
6. Address of the house where Beedis are manufactured

**Account of work done at home and wages paid therefor**

Date month and year	Weight of tobacco and leaves received		No. of Beedis manufactured	No. of rejected Beedis	Wages payable for manufactured Beedis
	Tobacco	Leaves			
1	2	3	4	5	6
Wages payable for rejected Beedis	Adjustment of advance or deduction, if any	Net amount of wages actually paid and received	Signature or left thumb-impression of Home worker	Signature of Employer/ Commission Agent	Remarks
7	8	9	10	11	12

FORM No. XXII  
(See rule-67(2)(ii))

Application for permission to construct, extend or take into use any building or premises as a factory

1. Details of Occupier\*

- (a) Name: \_\_\_\_\_  
 (b) Address (office): \_\_\_\_\_  
 (c) Address (residential): \_\_\_\_\_  
 (d) Mobile number \_\_\_\_\_  
 (e) Email id : \_\_\_\_\_

2. Details of factory\*

- (a) Full name: \_\_\_\_\_  
 (b) Address with pin code: \_\_\_\_\_  
 (c) District: \_\_\_\_\_  
 (d) Subdivision \_\_\_\_\_  
 (e) Block \_\_\_\_\_  
 (f) Town /village \_\_\_\_\_  
 (g) Nearest railway Station \_\_\_\_\_  
 (h) Nearest Police Station \_\_\_\_\_  
 (i) Phone number \_\_\_\_\_

3. Particulars of plant proposed to be

Installed & details of manufacturing process \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. Whether the factory involves hazardous processes or dangerous operations – yes or no

4. Maximum number of  
Workers

(Proposed To be employed)

M	F	Third Gender
_____	_____	_____
_____	_____	_____

5. Details of

- (a) Raw material  
 (b) Intermediate product/by product  
 (c) Final Product

6. Use of Chemicals in the manufacturing process, if any

S. No.	CAS no :	Chemical name:	Maximum storage at any time:

7. NOTE

- a. Seal bearing “ authorized signatory “ shall not be used on any document  
 b. Every page of the Documents submitted along with the Form should be self attested by the Occupier along with date.

Place: \_\_\_\_\_

Date: \_\_\_\_\_



Signature of occupier with seal: \_\_\_\_\_  
(Name)

**CHECKLIST**

**NOTE:** This application shall be accompanied by the following documents:-

1. A flow chart of the manufacturing process supplemented by a brief description of the process in its various stages.
2. Documents related to the ownership of the land:
3. Photo ID and address proof of the Occupier.
4. Declaration regarding occupier of the factory
5. Such other particulars as the Chief Inspector may require.

FORM No. XXIII

[ See Rule-67(4)&(5)]

Application for grant of licence for factory as specified in rule

**1. Registration details**

1.	LIN (if any)	
2	Registration number	

**1. General Information:**

2a.	Full name of the factory	
2b.	Factory licence number (if licence issued earlier)	

**2. Address and contact information:**

3a.	Full postal address the factory including- district, subdivision, block, village/town, police station, post, pincode mobile number/telephone number email id	
3b.	Full postal address along district, subdivision, block, village/town, police station, post, pincode mobile number/telephone number email id  (if different from above)	

**3. Details of manufacturing processes:**

A.	Whether factory involves hazardous process	
B.	Whether factory involves dangerous operations	
C.	Date of commencement of manufacturing process	
D.	Manufacturing process to be carried on in the factory during the next twelve months	
E.	Details of product(s) to be manufactured	

**4. Workers employed:**

	Details of workers	Male	Female	Others (transgender/ adolescents )	Total
5a.	Maximum number of workers proposed to be employed during the year				
5b.	Maximum number of workers employed during the last twelve months on any day				
5c.	Number of workers ordinarily employed in the factory				

**5. Power installed:**

6a.	Maximum amount of Power (H.P) (installed) (attach sanction load and first electricity bill)*	
6b.	Maximum amount of Power (H.P) to be used	
6c.	Total rated capacity ( kilowatt) of generator installed	
6d.	Total rated capacity ( kilowatt) of generator to be used	
6e.	Total rated capacity ( kilowatt) of transformer insalled	
6f.	Total rated capacity ( kilowatt) of generator to be used	
6g.	Total capacity of transmission station ( kilowatt)	

**6. Particulars of Factory Manager:\***

7.	Name and address of the person who shall be the Factory Manager (if appointed) of the factory for the purposes of the code	Name	
		Residential address	
		Mobile No.	
		Email id	

**7. Particulars of Occupier:**

8 a	Name and address of the occupier ( <i>in case of a private firm.</i> )	Name	
		Residential Address	
		Mobile No.	
		Email id	
8a.	Name and address of the occupiers <i>Attach list of partners with complete details, (in case of partnership firm)</i>	Name	
		Residential Address	
		Mobile No.	
		Email id	
8b.	Name and address of the Director in case of a private/ public limited company <i>( attach list of Director with details)</i>	Name	
		Residential Address	
		Mobile No.	
		Email id)	
8c	Full name and residential address of the owner of dock	Name	
		Address	

		Mobile No.	
		Email id	
8d	Full name and residential address of the Managing Agent in case where a managing agent is appointed by the Central Government / State Government / Local authority as Occupier	Name	
		Address	
		Mobile No.	
		Email id	

**8. Land & Building:**

9a.	Full name and address of the owner of the premises or building (including the precincts thereof)	Name	
		Address	
		Mobile No.	
		Email id	
9b.	Reference number and date of approval of the plans for site, whether for old or new building and for construction or extension of factory by the State Government / Chief Inspector	Date	

**9. Disposal of wastes and effluents:**

10.	Reference number and date of approval of the arrangements, if any made for the disposal of trade waste and effluents and the name of the authority Granting such approval.	date	

**10. Fees Details:**

11.	Total amount of fees paid	Rs.
-----	---------------------------	-----

**11. NOTE**

- a. In case of any change in the above information, Department shall be informed in writing.
- b. Seal bearing " authorized signatory " shall not be used on any document.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Factory Manager: \_\_\_\_\_

( Name )

Signature of occupier: \_\_\_\_\_

( Name )

**VERIFICATION**

I the above named Occupier do hereby further solemnly affirm that the contents given above are true to the best of my knowledge.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Occupier .....

~~~~~



Form XXIV  
(See rule-67(5)(iv))



**LICENCE TO WORK AS A FACTORY**

|                      |       |
|----------------------|-------|
| Licence number-      | _____ |
| Registration number- | _____ |
| LIN -                | _____ |

Name of factory – \_\_\_\_\_

Address of factory- \_\_\_\_\_

Name of occupier- \_\_\_\_\_

Name of manger- \_\_\_\_\_

|                                 |          |
|---------------------------------|----------|
| Total number of workers-        | _____    |
| Power details – Motor capacity- | _____ HP |
| Generation capacity-            | _____ KW |
| Transformer capacity-           | _____ KW |
| Transmitting capacity -         | _____ KW |

Signature of licencing authority\_\_\_\_\_

Name of licencing authority\_\_\_\_\_

Designation of licencing authority \_\_\_\_\_

This licence is valid till the date .....

FORM \_XXV\_  
(See Rule-67(7)(i))

AMENDMENT OF FACTORY LICENCE

|                                                             |                                                                                     |  |
|-------------------------------------------------------------|-------------------------------------------------------------------------------------|--|
| 1.                                                          | LIN (if any)                                                                        |  |
| 2                                                           | Registration number                                                                 |  |
| 3                                                           | Licence number                                                                      |  |
| NAME OF OCCUPIER                                            |                                                                                     |  |
| Previous installed capacity of Generator in K.W.            |                                                                                     |  |
| Previous installed capacity of Transformer in K.W.          |                                                                                     |  |
| Previous installed capacity of transmitting station in K.W. |                                                                                     |  |
| Name and residential address of outgoing manager            |                                                                                     |  |
| Current name of the factory                                 |                                                                                     |  |
| Previous address / situation of the factory                 |                                                                                     |  |
| Current number of workers in the factory                    |                                                                                     |  |
| Current installed capacity of Motor / Engine in H.P         |                                                                                     |  |
| Current installed capacity of Generator in K.W.             |                                                                                     |  |
| Current installed capacity of Transformer in K.W.           |                                                                                     |  |
| Current installed capacity of transmitting station in K.W.  |                                                                                     |  |
| Name of current manager                                     |                                                                                     |  |
| Residential address of current manager                      |                                                                                     |  |
| A.                                                          | Whether factory involves hazardous process                                          |  |
| B.                                                          | Whether factory involves dangerous operations                                       |  |
| C.                                                          | Manufacturing process to be carried on in the factory during the next twelve months |  |

Signature of occupier : \_\_\_\_\_

**FORM No.-XXVI**  
**[See rules 67 (8)(i)]****APPLICATION FOR TRANSFER OF LICENCE**

|                      |       |
|----------------------|-------|
| Licence number-      | _____ |
| Registration number- | _____ |
| LIN -                | _____ |

|                                 |          |
|---------------------------------|----------|
| Name of factory –               | _____    |
| Address of factory-             | _____    |
| Name of manger-                 | _____    |
| Total number of workers-        | _____    |
| Power details – Motor capacity- | _____ HP |
| Generation capacity-            | _____ KW |
| Transformer capacity-           | _____ KW |
| Transmitting capacity -         | _____ KW |

|                                         |       |
|-----------------------------------------|-------|
| Name of outgoing occupier               | _____ |
| Name and address of current occupier    | _____ |
| Reason for transfer of factory occupier | _____ |

Signature of manager \_\_\_\_\_

Signature of current occupier \_\_\_\_\_

**Form No.-XXVII**

[(See Rule-71(iii) and 72(i)]

**FORMAT OF APPLICATION TO THE SITE APPRAISAL COMMITTEE****1. Name and address of the applicant****2. Site Ownership Data**

- 2.1 Revenue details of site such as Survey No. Plot No. etc.
- 2.2 Whether the site is classified as forest and if so, whether approval of the Central Government under Section 5 of the Indian Forests Act, 1927 has been taken.
- 2.3 Whether the proposed site attracts the provisions of Section 3(2) (v) of the E.P.Act, 1986, if so, the nature of the restrictions.
- 2.4 Local authority under whose jurisdiction the site is located.

**3. Site Plan**

- 3.1 Site Plan with clear identification of boundaries and total area proposed to be occupied and showing the following details nearby the proposed site.
  - (a) Historical monument, if any, in the vicinity.
  - (b) Names of neighboring manufacturing units and human habitats, educational and training institutions, petrol installations, storages of LPG and other hazardous substances in the vicinity and their distances from the proposed unit.
  - (c) Water sources (rivers, streams, canals, dams, water filtration plants, etc.) in the vicinity.
  - (d) Nearest hospitals, fire stations, civil defence stations and police stations and their distances.
  - (e) High tension electrical transmission lines, pipelines for water, oil gas or sewerage; railway lines, roads, stations; jetties and other similar installations.
- 3.2 Details of soil conditions and depth at which hard strata obtained.
- 3.3 Contour map of the area showing nearby hillocks and difference in levels.
- 3.4 Plot Plan of the factory showing the entry and exit points, roads within, water drains, etc.

**4. Project Report**

- 4.1 A summary of the salient features of the Projects.
- 4.2 Status of the organisation (Government, Semi Government, Public or Private etc.)
- 4.3 Maximum number of persons likely to be working in the factory.
- 4.4 Maximum amount of power and water requirements and source of their supply.
- 4.5 Block diagram of the buildings and installations, in the proposed supply.
- 4.6 Details of housing colony, hospital, school and other infrastructural facilities proposed.

**5. Organisation structure of the proposed manufacturing unit/factory**

- 5.1 Organisation diagrams of -- Proposed enterprise in general - Health; Safety and Environment protection departments and their linkage to operation and technical departments.
- 5.2 Proposed Health and Safety Policy.
- 5.3 Area allocated for treatment of wastes and effluent.
- 5.4 Percentage outlay on safety, health and environment protection measures.



**6. Meteorological data relating to the site**

- 6.1 Average, minimum and maximum of - Temperature - Humidity - Wind velocities during the previous ten years
- 6.2 Seasonal variations of wind direction
- 6.3 Highest water level reached during the floods in the area recorded so far.
- 6.4 Lightning and seismic data of the area.

**7. Communication Links**

- 7.1 Availability of telephone/telex/wireless and other communication facilities for outside communication.
- 7.2 Internal communication facilities proposed

**8. Manufacturing Process Information**

- 8.1 Process flow diagram
- 8.2 Brief write-up on process and technology
- 8.3 Critical process parameters such as pressure buildup temperature rise and run-away reactions
- 8.4 Other external effects critical to the process having safety implications, such as ingress of moisture or water, contact with incompatible substances, sudden power failure.
- 8.5 Highlights of the built-in safety/pollution control devices or measures/ incorporated in the manufacturing technology.

**9. Information of Hazardous Materials**

- 9.1 Raw materials, intermediates, products and by-products and their quantities (Enclose Material Safety Data Sheet in respect of each hazardous substance)
- 9.2 Main and intermediate storages proposed for raw materials/intermediates/ products/by-products (maximum quantities to be stored at any time).
- 9.3 Transportation methods to be used for materials inflow and outflow, their quantities and likely routes to be followed
- 9.4 Safety measures proposed for: - handling of materials; - internal and external transportation; and - disposal (packing and forwarding of finished products)

**10. Information on Dispersal/Disposal of Wastes and Pollutants**

- 10.1 Major Pollutants (gas, liquid, solid) their characteristics and quantities (average and at peak loads)
- 10.2 Quality and quantity of solid wastes generated, method of their treatment and disposal
- 10.3 Air, water and soil pollution problems anticipated and the proposed measures to control the same, including treatment and disposal of effluents.

**11. Process Hazards Information**

- 11.1 Enclose a copy of the report on environmental impact assessment
- 11.2 Enclose a copy of the report on Risk Assessment study.
- 11.3 Published (open or classified) reports, if any, on accident situations/ occupational health hazards or similar plants elsewhere (within or outside the country)

**12. Information of proposed Safety and Occupational Health Measures**

- 12.1 Details of fire fighting facilities and minimum quantity of water, CO<sub>2</sub> and or other fire fighting measures needed to meet the emergencies
- 12.2 Details of in-house medical facilities proposed

---

**13. Information on Emergency Preparedness**

13.1 Onsite emergency plan

13.2 Proposed arrangements, if any, for mutual aid scheme with the group of neighboring factories

**14. Any other relevant information**

I certify that the information furnished above is correct to the best of my knowledge and nothing of importance has been concealed while furnishing it.

**Name and Signature of the Applicant.**

Form No. XXVIII

[(See Rule-79(1)(c)]

Health Register

(In respect of persons employed in occupations declared to be dangerous operations and hazardous ).

|                              |                  |
|------------------------------|------------------|
| Name of medical officer      |                  |
| Name of factory----          | (a) Mr.....      |
|                              | From.....To..... |
|                              | (b) Mr.....      |
|                              | From.....To..... |
| Registration number _____    | (c) Mr.....      |
| LIN no. _____                | From.....To..... |
| Factory licence number _____ | From.....To..... |

| Serial No. | Works No. | Name of worker | Sex | Age (last birthday) | Date of employment on present work | Date of leaving or transfer to other work | Reason for leaving, transfer or discharge | Nature of job or occupation | Raw material or by product handled | Date of Medical Examination by medical officer/qualified medical practitioner<br>Result of Medical Examination | If suspended from work, state period of suspension with detailed reasons | Re-certified to resume duty on (with signature of medical officer) | If certificate of unfitness or suspension issued to worker | Signature, with date of medical officer /qualified medical practitioner |
|------------|-----------|----------------|-----|---------------------|------------------------------------|-------------------------------------------|-------------------------------------------|-----------------------------|------------------------------------|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------|------------------------------------------------------------|-------------------------------------------------------------------------|
| 1          | 2         | 3              | 4   | 5                   | 6                                  | 7                                         | 8                                         | 9                           | 10                                 | 11                                                                                                             | 12                                                                       | 13                                                                 | 14                                                         | 15                                                                      |
|            |           |                |     |                     |                                    |                                           |                                           |                             |                                    |                                                                                                                |                                                                          |                                                                    |                                                            |                                                                         |
|            |           |                |     |                     |                                    |                                           |                                           |                             |                                    |                                                                                                                |                                                                          |                                                                    |                                                            |                                                                         |

For transfer or discharge should be stated Unfit/Suspended.

**FORM No. XXIX**  
**[(See Rule No.-79(2)]**

*Certificate of Fitness for Dangerous Operation/hazardous process industries*

1. Serial Number—
2. Name of person examined—
3. Father's name —
4. Sex —
5. Address—
6. Name of the factory in which employed/in which wishes to be employed—
7. Process of department in which employed/wishes to be employed—
8. Whether certificate granted—
9. Whether declared unfit and certificate refused—
10. Reference number of previous certificate granted or refused—

**L.T.I of person examined.**

**Signature of medical officer**

Serial Number.....

I certify that I have personally examined.....(Name) son of.....

.....(Father's name) residing at.....(address) who is desirous of being employed as..... (name of factory) in..... (Deptt. & Process), that as nearly as can be ascertained from by examination, he is fit/unfit for employment at the above noted factory.

2. He is fit to be employed and may be employed on some other non-hazardous operation such as-
3. He may be produced for further examination after a period of-
4. He is advised following further examination -
5. He is advised following treatment -
6. The serial number of the previous certificate is-

**L.T.I of person examined.**

**Signature of medical officer .**

Note :- 1. The counterfoil should be retained by the medical officer and maintained in a bound book or in a file.

2. The Para which does not apply may be cancelled.

**By Order of the Governor of Bihar,**  
**Gajendra Kumar Mishra,**  
*Joint Secretary to the Government.*

अधीक्षक, सचिवालय मुद्रणालय,  
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