

Form 1

(Prescribed under Rule 3)

Application for approval of plans and for permission to construct/extend/or take into use any building as a factory

1. Name of Factory
2. Address of the applicant on which he desires to be communicated in this regard.....
3. Full name and postal address of factory.....
4. Situation of the factory located/to be located on in Road/Railway at..... town/village..... of Tehsil..... District.....

5. The manufacturing process :

(A) to be carried (if new factory)/being carried (if exist)..... (give description).....

(B) Whether it involves hazardous processes as interpreted under Section 2 (za) (give details).....

(C) Whether it involves wholly or partly any dangerous operations as declared under Section 82 (give details).....

(D) If yes for (c) and (D), whether provisions of installation/arrangements to be made according to the relevant Schedule have been incorporated in the plan.....

6. (A) Number of workers to be employed in the factory.

(B) Whether provision of amenities and facilities required to all workers according to the Code and the Rules made thereunder have been taken care of in the plans.....

7. (A) Whether lifts/hoists/lifting machines of any kind installed/to be installed in the plans (give details).....

(B) If yes for (A) whether provisions according to the Code and the Rules thereunder, have been taken care of in the plan (give details).....

8. (A) Whether any worker will be required to work at different floors or at a height from where he is likely to fall or work at a congested place due to machines or fittings or in a confined space, pit or sumps? (give details).....

(B) If so, whether provision of arrangements to be made for access, escape and ensure safety, in accordance to the Code and the Rules thereunder have been taken care of in the plans ? (give details).....

9. Whether there is any possibility of escape of dangerous fumes/gases or explosion?

If so whether provision on suitable arrangements to be made according to the Code and Rules thereunder have been taken care of in the plans? (give details).....

10. What materials are used/to be used for construction of :-

(a) Building (give details).....

(b) Roofing (give details).....

11. Particulars of the drawings submitted alongwith particulars of informationsubmitted according to the requirement of Rules -

(1)

(2)

Date.....Signature of the Occupier

Form 2
[Prescribed under Rule 3 (4)]
Certificate of Stability

1. Name of the factory.....
2. Village, town and district in which the factory is situated.....
3. Full postal address of the factory.....
4. Name of the occupier of the factory.....
5. Name of manufacturing process to be carried on in the factory.....
6. Number of floors on which workers will be employed.....
7. Material of construction. Walls roof etc.
8. Number of buildings/ structures, give details :
 - (a) Constructed area on ground floor
 - (b) Total Constructed area and height of each floor
9. Tests were applied;-
 - (a) Rebound Hammer test
 - (b) Ultrasonic pulse velocity test
 - (c) any other tests; namely
10. Details of examination of steel structures and sheet roofing :
 - (a) high raised chimney: state it is self supported or tied by tensioning ropes; are the tensioning ropes/ foundation fastening safe and in good state :
 - (b) Observation regarding steel structures, if any :
 - (c) Observation regarding stability of sheet roofing ;if provided :
11. Defects/ requirement of repair if any;

This is certified that I have inspected the building/buildings the plans of which have been approved by the Chief Inspector cum facilitator in his letter No..... dated..... and examined the various parts including the foundations with special reference to the machine, plant etc., that have been installed. I am of the opinion that the building/buildings which has/have been constructed/reconstructed/extended/taken into use is/are in accordance with the plans approved by the Chief Inspector in his letter mentioned above, that it/they is/are structurally sound and that its/their stability will not be endangered by its/their use as a factory/part of a factory for the manufacture of.....for which the machinery, plant, etc. installed are intended.

Signature of Occupier

Signature

.....

Date

Qualification.....

Address.....

Date.....

Certification No..... date.....of competency issued by Chief Inspector cum facilitator. If employed by a company or a association, name and address of the company or association.

FORM-3**(See Rule-3)****Application for Registration for existing establishments/New Establishment/Amendment to certificate of Registration****A. Establishment Details.**

1. Retrieve details of Establishment through LIN:
2. Name of Establishment:
3. Location and Address of the Establishment:
4. 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:

5 (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	Name of the chemicals to be handled and stored along with quantity
1	2	3	4	5

5 (b) For Plantation:

Total area of plantation in hectares	Name and address of the employer	Full name and residential address (es) of the Directors in case of a Company	Maximum number of workers to be employed on any day	Name of the hazardous chemicals , insecticides, pesticides to be handled and stored along with quantity
1	2	3	4	5

5 (c) For Motor transport undertaking :

Nature of motor transport service e.g. city service, long distance passenger service, long distance freight service	Total number of routes	Total route mileage	Total number of transport vehicles on the last date of the preceding year	Maximum number of motor transport workers employed on any day during the preceding year	Name and address of the employer	Full name and residential address (es) of the Directors in case of a Company
1	2	3	4	5	6	7

5 (d) For Beedi and Cigar work :

Financial resources of employer e.g. (particulars and value of movable and immovable properties, bank reference, income tax assessment etc.)	Whether the employer is a trademark holder registered under the Trade and Merchandise Marks Act, 1958	Previous experience of the employer in the industry	Value of beedis or cigars or both manufactured at the industrial premises during the preceding financial year	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
1	2	3	4	5

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 therefore	Source of obtaining tobacco	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.	Full name and residential address (es) of the Directors in case of a Company	Maximum number of Employed to be employed on any day
6	7	8	9	10

5 (e) 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

5(f) For Audio –visual production

Name and address of the producer/Producers of the production house	Maximum number of audio- visual workers to be employed on any day
1	2

5(g) For Contract work

Name and address of Contractor	Maximum No. of Contract labour to be engaged
1	2

6. Ownership Type/Sector:

7. Activity as per National Industrial Classification:

8. Details of Selected NIC Code:

9. Identification of the establishment e-sign/ digital sign of employer/ representative:

B. Details of Employer:-

1. Name & Address of Employer / Occupier / Owner / Chief Executive/ etc :

2. Designation :

3. Father's/ Husband's Name of the Employer :

4. Email Address, Telephone& Mobile No :

C. Manager Details

1. Full name & Address of Manager or person responsible for supervision and control of the Establishment

2. Address of Manager:

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	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-4**(See Rule-3(1))****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) plantation
 (c) Motor transport undertaking (d) Contract Work
 (e) Building and Other Construction Works
 (f) Beedi and cigar work (g) Audio- visual production
 (h) 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:

5 (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
1	2	3	4

5 (b) For Plantation:

Total area of plantation in hectares	Name and address of the employer	Full name and residential address (es) of the Directors in case of a Company	Maximum number of workers to be employed on any day
1	2	3	4

5 (c) For Motor transport undertaking:

Nature of motor transport service e.g. city service, long distance passenger service, long distance freight service	Total number of routes	Total route mileage	Total number of transport vehicles on the last date of the preceding year	Maximum number of motor transport workers employed on any day during the preceding year	Name and address of the employer	Full name and residential address (es) of the Directors in case of a Company
1	2	3	4	5	6	7

5 (d) For Beedi and Cigar work :

Financial resources of employer e.g. (particulars and value of movable and immovable properties, bank reference, income tax assessment etc.)	Whether the employer is a trademark holder registered under the Trade and Merchandise Marks Act, 1958	Previous experience of the employer in the industry	Value of beedis or cigars or both manufactured at the industrial premises during the preceding financial year	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
1	2	3	4	5

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 therefore	Source of obtaining tobacco	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.	Full name and residential address (es) of the Directors in case of a Company	Maximum number of Employed to be employed on any day
6	7	8	9	10

5 (e) 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

5 (f) For Audio –visual production

Name and address of the producer/Producers of the production house	Maximum number of audio- visual workers to be employed on any day
1	2

5 (g) For Contract work

Name and address of Contractor	Maximum No. of Contract labour to be engaged
1	2

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 nonrefundable.

(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 -5
[See rule 13]
Register of Establishments
 Register of Establishments

Sr. 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 Horsepower (if any)	Total number of contact workers	Remark
1	2	3	4	5	8	9	10
	(a) Factories (b) Building and other Construction work (c) contract work (d) Plantation (e) Beedi and Cigar work (f) Audio-visual work (g) Motor transport undertaking (h) Any other work (not covered above)						

FORM-6
(See Rule-14)

A- Notice of Commencement / cessation of Establishment:

1. Registration No:
2. Name and Address of Establishment:-
3. Name & Designation of employer/ Port authority (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 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-7

(Rule-19)

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

A. Demographics:

Question	Answer	Remarks
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 History

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 (Yes/No)	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 (Yes/No)	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 / Pain in hand or Elbow: / Visual Problems / Hearing Problems		
Any current injury (amputation/ fracture/ dislocation)		

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

Question	Answer (Yes/No) or as appropriate	Remarks
General Skin Condition: (If Any Dermatitis, please mention its location)		
Weight (in Kg):		
Height (in Meter)		
Temperature (0F):		
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 important)
Report		

H. Eye Examination: attach the photocopy of the report

Date:

I. lead ECG and Echocardiography: Final Report

J. Any other information/examination/biological investigation/test as mutually agreed by the Occupier and qualified medical practitioner.

Signature

Form 8

[Prescribed under Rule 21]

NOTICE OF ACCIDENT OR DANGEROUS

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 :
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

Date of dispatch of report :

Place

FORM-9
(See rule 64)
NOTICE OF PERIODS OF WORK

Name of the EstablishmentPlacedistrict.....

Periods of work Groups, Relays	Man												Woman												Description of Groups, Nature of work	Remarks
	Total no. of 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	3	1	2	3			1	2	3				

On Working days

From

To

From

To

From

To

On partial

Working days

FORM-10

(See Rule-65)

**REGISTER OF WORKERS EMPLOYED IN AN ESTABLISHMENT, WAGES,
OVERTIME, FINE, DEDUCTION FOR DAMAGE OR LOSS****Register of Wages, Overtime, Fine, Deduction for damage and Loss**

Name of the Establishment:

Name of the

Employer:

Name of the Owner:

PAN/TAN of the

Employer:

Labour Identification Number (LIN):

Sr. no. in Employee Register	Name of the employee	Designation / Department	Duration of Payment of Wages (Monthly/Fortnightly /Weekly/Daily/Piece rated)	Wage Period From- To	Total no. of days worked during the period	Total overtime (hours worked or production in case of piece workers)	Rates of wages		
							Basic	DA	Allowances
1	2	3	4	5	6	7	8	9	10

Overtime earning	Nature of acts and omissions for which fine imposed with date	Amount of fine imposed	Damage or loss caused to the employer by neglect or default of the employee	Amount of deduction from wages	Total amount of wages paid	Date of Payment	Attendance	
							Date	Signature
11	12	13	14	15	16	17	18	19

FORM-11

(See Rule-67)

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 return has two parts i.e. Part-I to be filled up by all establishments.

- (3) Part-II to be filled-up by the establishments who are a Mine only in addition to Part-I.
- (4) The terms Establishment and Mines shall have the same meaning as under the Occupational Safety, Health and Working Conditions Code, 2020.
- (5) This return is to be filled-up in case of Contractor or manpower supplier who have engaged more than 50 workers and in case of Mines even if there is one worker 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		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(a).	Hours of Work in a day								
B(b).	Number of Shifts								
C. Details of Manpower Deployed									
Details	Directly employed				Employed through Contractor				Grand Total
Skill Category	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 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:					
	Discharged	Dismissed	Retrenched	Terminated or Removed	Grand Total	
7.	Man-days lost during the year on account of					
Sl. No.	Reasons		Period / Date	No. of man-days lost	Loss in term of money	
(a)	Strike					
(b)	Lockout					
8.	Details of retrenchment / lay off					
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:				
No. of female employees	No. of female Employees availed maternity leave	No. of female employees paid medical bonus	No. of deduction of wages, if any made from female employees	

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

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	

Certified that the tables in prescribed format are duly filled in and information and/ figures given in all the tables are correct to the best of my knowledge.

Signature of

Owner/Agent/Occupier/Manager with seal

Place:

Date:

FORM-12
(See Rule –68)

RAGISTER 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 of 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-13**[See Rule-69]****REGISTER FOR LEAVE WITH WAGES**

Part I - Adults

Part II - Adolescents

Establishment:

Name of worker :

Department :

Father's Name:

Sl. No	Sl.no. in the register of workers	Date of entry into service	Interruptions					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 14

[Prescribed under sub rule 73]

Application for grant of certificate of third party certifier to a person

1. Name.....
 2. Date of birth.....
 3. Name of the organisation
(if not self- employed)
 4. Designation
 5. Educational qualification (copies of testimonials to be attached).....
 6. Details of professional experience
(in chronological order):
Name of the organisation period of service designation Area of Responsibility
 7. Membership, if any, of professional bodies.....
 8. Section(s) and rules of Factories act 1948 under which certificate is issued if any (Copy of certificate to be attached)
 9. Validity period of such certificate of competency (if applicable)
 10. Any other relevant information
 11. Declaration by the applicant
- I.....hereby declare that the information furnished above is true under like:
- (a) that in the event of leaving the aforesaid organisation , will promptly inform the chief Inspector:
 - (b) to fulfil and abide by all the conditions stipulated in the certificate of third party certifier instructions issued by the chief Inspector from time to time.

Place:

Date:

Signature of the applicant

Declaration by the Institution (if employed)

I.....Certify that Shri
whose details are furnished above, is in our employment and nominate him on behalf of the organisation for the purpose of being declared as a third party certifier under the Act . I also undertake that I will Notify the Labour Commissioner in case the third party certifier leaved our employment.

- (a) Provide and maintain in good order all facilities at his disposal as mentioned above;
- (b) Notify the Labour Commissioner any change in the facilities (either addition or deletion)

Date.....

Place.....

signature

Designation

Telephone No.....

Official seal

Form 14-A

[Prescribed under sub rule (2) of Rule 73]

Form of Application for grant of certificate of third party certifier to an Institution

1. Name and full address of the organisation
2. Organisation's status (specify whether govt. /Autonomous/ Co-operative, corporate or private).
.....
3. Whether the organisation has been declared as a third party certifier under this or any other statute.
If so. Give details.....
4. Particulars of persons employed and possessing qualification and experience as set out in schedule.

S.No.	Name and designation	Qualification
1.		
2.		

5. Section(s) and rules of OSHW Code,2020 /Factories Act,1948 under which certificate is issued if any (Copy of certificate to be attached)
6. Validity period of such certificate of competency (if applicable)
7. Any other relevant information
8. Declaration

I,.....hereby, on behalf of.....

certify the details furnished above are correct to the best of my Knowledge. I undertake to:

To fulfil and abide by all the conditions stipulated in the third party certification and instructions issued by the Labour Commissioner from time to time.

Place.....

Date.....

.....

Signature of head of the institution or of the
person authorized to sign on his behalf .
Designation

Form 15

[prescribed under Rule 73]

Certificate of third party certifier issued to a person or an Institution

I,.....in exercise of the powers conferred on me under Occupational health, safety and working condition (Chhattisgarh),Rules ,2020 hereby recognize(Name of the Institution) or Shri(Name of applicant) employed in.....(Name of Organization) to be a third party certifier for the purpose of carrying out inspections and certification for establishments employing less than 50 workers located in Chhattisgarh.

This certificate is valid fromto

This certificate is issued subject to the conditions stipulated hereunder:

- (i) Inspections shall be carried out in accordance with the provisions of the Act and the rules made thereunder;
- (ii) Inspection shall be carried out by the third party certifier or by a person so authorised by an institution recognised to be a third party certifier.
- (iii) The certificate of Third Party Certifier issued in favour of a person shall stand cancelled if the person leaves the organisation mentioned in his application;
- (iv) The institution recognised as a third party certifier shall keep the Labour Commissioner informed of the names, designations and qualifications of the persons authorised by it to carry out inspections.
- (v)
- (vi)

Station

official seal

signature of the
Labour Commissioner

FORM-16**(Rule-80)****APPLICATION FOR LICENSE**

On Line Application for License/ Renewal of License/Amendment of License (including Common license)	
Government of Chhattisgarh, Ministry of Labour	
ESTABLISHMENT PROFILE:	
Labour Identification Number	Date
Acknowledgement Number: Date of Application:	
I. Particulars of Establishment for which licence required:	
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. Identifier of the Establishment : (Select) : esign/digital sign	
II. Details of Employer:	
1. Full Name of Employer:relationship with establishment.	
2. Full Address of Employer:	
3. Email Id of employer:	
4. Mobile No. of employer:	
III. Particulars of the Contract Labour to be employed / is employed (If licence is required work wise)	

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
5. Maximum number of workmen proposed to be employed on the Establishment on any date: 24						
6. Amount of Licence Fee: INR (Transaction Id :)						
7. Amount of Security Deposit: INR (Transaction Id :)						
IV. DETAILS OF ESTABLISHMENTS FOR WHICH COMMON LICENCE REQUIRED , (IF APPLYING FOR)						

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

Signature of Contractor

(eSign/DSC)

Note: This is an online application summary applied on Shram Suvidha Portal.

APPLICATION FOR RENEWAL OF LICENCE

1. Licence No. _____ Date : _____
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 date: _____

APPLICATION FOR AMENDMENT OF LICENCE :

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 : _____
- ©. 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-17**(Rule-81)****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-18

(Rule-91)

EXPERIENCE CERTIFICATE OF CONTRACT EMPLOYEE

<u>To whom so ever concerned</u>	
1. Name of contractor/employer*:	
2. LIN/PAN No. of the contractor/employer *:	
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 Number in the Employee Register :	
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-19**(Under Rule-97)****Agreement between Producer and Audio-visual worker**

This agreement is made on this day monthyear..... between Messer 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 inconsideration of the audio-visual worker services, as aforesaid, the Producer agrees to pay and the audio-visual 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.

7. 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.

8. 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.

9. 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.

10. 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 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.

11. 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.

12. 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.

13. 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 audio-visual worker whether or not to allow his/her name to go on the credit titles of the film.

14. 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.

15. 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.

16. 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.

17. 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.

18. 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 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.

19. 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.

20. 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' Organization and the audio-visual worker's Organization 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.

21. 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 audio-visual workers whether or not to allow his/her name to go on the credit titles of the film.

22. 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.

23. 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.

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

25. 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.

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

27. That the Producer shall not utilize 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

Producer

Name Address

2. Witness

audio-visual worker

Name Address

FORM-20**(Rule-99,114)****APPLICATION FOR LICENSE**

On Line Application for License/ Renewal of License/Amendment of License				
Government of Chhattisgarh, Ministry of Labour				
ESTABLISHMENT PROFILE:				
Labour Identification Number		Date		
Acknowledgement Number: Date of Application:				
I. Particulars of Establishment for which licence required:				
1.Registration number of Establishment				
2. Name of Establishment:				
3. Address of establishment				
(a) Head Office address along with email Id :				
(b) Corporate office address along with email Id:				
4. Telephone Number :				
5. Activity as per National Industrial Classification : (Select all applicable activities given)				
6. Details of selected NIC Code:				
7. Nature of work carried on in main establishment :				
8. Identifier of the Establishment : (Select) : esign/digital sign				
II. Details of Employer:				
1. Full Name of Occupier (in case of a factory)/Employer:				
2. Full Address of Occupier (incase of a factory)/Employer :				
3. Email Id of Occupier (in case of a factory)/Employer:				
4. Mobile No. of Occupier (in case of a factory)/Employer:				
III. For factories:				
Maximum number of workers to be employed on any day	Total amount of power installed (HP)	Manufacturing process	Whether it involve hazardous process or dangerous operations ;give detail	Name of the chemicals to be handled and stored along with quantity
(a) Contract worker				
(b) Inter state worker				
(c) Other				
Total				
1	2	3	4	5

Full name and address of the owner of premises or building.	Full name and address of manager with his mobile number	Reference number and date of approval of plan	Amount of Licence Fee:	Challn no. and date
6	7	8	9	10

VI. For Beedi and Cigar work

Financial resources of employer e.g. (particulars and value of movable and immovable properties, bank reference, income tax assessment etc.)	Whether the employer is a trademark holder registered under the Trade and Merchandise Marks Act, 1958	Previous experience of the employer in the industry	Value of beedis or cigars or both manufactured at the industrial premises during the preceding financial year	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
1	2	3	4	5

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 therefore	Source of obtaining tobacco	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.	Full name and residential address (es) of the Directors in case of a Company	Maximum number of Employed to be employed on any day
				(a) Contract worker
				(b) Inter state worker
				(c) Other
6	7	8	9	Total

Signature of Employer	
(eSign/DSC)	
Note: This is an online application summary applied on Official Portal.	
APPLICATION FOR RENEWAL OF LICENCE	
1. Licence No.	Date :
2.Registration No.	Date

3. LIN
4. Name and address of the establishment:
5. Date of expiry of previous licence :
6. Whether the licence of the employer/contractor was suspended or revoked:
7. Details of Fees paid : (Enclose e-payment receipt): Amount date of payment :
E-sign /digital sign of the employer date:

APPLICATION FOR AMENDMENT OF LICENCE :					
1. Licence No		Date:			
2.Registration No.		Date			
2. LIN					
3. Name and address of the establishment:					
4.Details for which amendment is sought :					
Maximum number of workers to be employed on any day	Total amount of power installed (HP)	Manufacturing process	Name of Occupier /employer	Updation in address of premises	Proposed amendment in Licence of Beedi and Cigar work
(b). Details of fees paid through e payment date on which made :					
©. 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-21
(Rule-101)
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 for the manufacturing process of....., 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	Challan no. and date of payment	Signature of issuing Authority
		Maximum number of workers on any one day	Total amount of installed Power /MW			

AMENDMENTS:

Year when Amended	Valid For	Maximum number of workers to be employed on any day	Total amount of power installed (HP)	Manufacturing process	Name of Occupier /employer
1	2	3	4	5	6

Updation in address of premises	amendment in Licence of Beedi and Cigar work	Signature of issuing Authority
7	8	9

FORM-22**(Rule-107)****Record of Decision or Order**

1. Serial No.
 2. Date of application
 3. Name or names, parentage, address or addresses of applicants or some or all of the
applicants
 4. Name and address of the employer
 5. Substance of the dispute
 6. Plea of parties and their examination, if any
 7. Documents seen
 8. Substance of the evidence taken
 9. Finding and brief statement of the reasons therefor
 10. Decision
- Date.....

Signed

FORM-23**(Rule-111)****Monthly Return**

1. Name of industrial premises and full postal address.....
 2. No. and date of licence.....
 3. Month to which the return relates.....
 4. Name of the employer.....
 5. Name of the principal employer if the employer is working as contractor for the Principal Employer.....
 6. Quantity of beedi and/or cigar tobacco released by the Central Excise Department.....
 7. Quantity of beedi and/or cigar tobacco supplied by the Principal Employer.....
 8. Number of beedis and/or cigars manufactured by the employer in an industrial establishment.....
 9. No. of beedis and/or cigars manufactured by the employer in places other than industrial establishment, i.e., workers working in their homes.....
 10. Number of beedis and/or cigars sold and to whom.....
- Dated.....

Signature of the Employer

FORM-24**(Rule-111)****Annual Return**

1. Name and address of the industrial premises.....
2. Number and date of licence.....
3. Name of the employer.....
4. Name of the principal Employer, if the employer is working as contractor for a Principal Employer.....
5. Average number* of employees employed daily in the industrial premises.....
 - Men
 - Women
 - Young persons
 - Male
 - Female
6. Average monthly number of home-workers employed (i.e., who work at their homes)**.....
7. Normal hours worked per week in the industrial premises.....
8. Number of days worked in the year in the industrial premises.....
9. Number of employees who were granted leave during the Calendar year.....
 - Young persons*
 - (a) employed in the industrial premises.....
 - (b) employed in homes.....
 - Other than young persons*
 - (a) employed in the industrial premises.....
 - (b) employed in homes.....
10. Number of female employees who were given maternity benefit during the year.....
 - (a) employed in industrial premises.....
 - (b) employed in homes.....

Certified that the information furnished above is correct to the best of my knowledge and belief.

Date

Signature

Note. - Partial attendance for less than half a shift or working day shall be neglected and attendance for half a shift or more shall be treated as full attendance.

*The average daily number shall be calculated by dividing the aggregate number of attendance of working days by the number of the working days in the year. Attendance on separate shifts, e.g., night and day shifts shall be counted separately.

**The average shall be calculated by dividing the aggregate number of workers on the Home-workers Employment Register during each of the preceding 12 months by twelve.

FORM-25**(Rule-112)****Home Workers' Log Book**

1. Name of home worker.....
2. Address of the home where the manufacturing process is carried on.....
3. Month.....

Account of Work Done at Home

Date	Raw Material supplied to the worker			Signature or thumb impression of the worker	No. of beedis received by the employer
	Tendu patta	Tobacco	Thread		
(1)	(2)	(3)	(4)	(5)	(6)

No. standard of beedis	Number of substandard or chhat beedis	Wages payable to worker		Wages paid to the worker
		For standard beedis	For sub-standard or chhat beedis	
(7)	(8)	(9)	(10)	(11)

Date	Amount of wages to date in arrears	Signature or thumb impression of the worker	Signature of the Employer
(12)	(13)	(14)	(15)

FORM-26**(Rule-112)****Home-Workers' Employment Register**

Month ending..... year

Beedis manufactured should be shown in respect of each home worker below the appropriate date

Name of worker	Address of Home	Waged paid	Dates
			1 2 3 4 5 6 7 8 9 10 to 31

FORM-27**(Rule-113)****Record of Outside Work***Number and date of Government's Order permitting work outside the industrial premises.....*

Date	Place or places where outside work was permitted	Nature of work	Nature of employee	Remarks
(1)	(2)	(3)	(4)	(5)

FORM-28

(Rule-113)

Home Workers' Log Book

1. Name of home worker.....
2. Address of the home where the manufacturing process is carried on.....
3. Month.....

Account of Work Done at Home

Date	Raw Material supplied to the worker			Signature or thumb impression of the worker	No. of beedis received by the employer
	Tendu patta	Tobacco	Thread		
(1)	(2)	(3)	(4)	(5)	(6)

No. of standard of beedis	Number of substandard or chhat beedis	Wages payable to worker		Wages paid to the worker
		For standard beedis	For substandard or chhat beedis	
(7)	(8)	(9)	(10)	(11)

Date	Amount of wages to date in arrears	Signature or thumb impression of the worker	Signature of the Employer
(12)	(13)	(14)	(15)

Form 29

Certificate of Fitness for Dangerous Operations
(Prescribed under Rule 120)

Serial Number

Date of examination/...../.....

Name of

employee.....

Age.....yrs, Sex.....Aadhar Number.....

Father's/ Husband's Name

Address.....

.....Name of the factory in which he/she wishes to

beemployed.....

.....Nature of job in which he/she wishes to be

employed.....

.....

This is to certify that I have examined the above person as nearly as can be ascertained from my examination, considering the nature of job and the factory, he / she is:

Fit for employment	Temporarily UNFIT (may be produced for examination after 3 months)	UNFIT for employment
--------------------	--	----------------------

S.no and Date of last certificate (if so) issued.....

Recomendation of Medical Officer.....

.....

.....
Signature of the Left thumb impression
of the person examined

.....
Signature & seal of medical officer

Form 31
(Prescribed under Rule 120)
Test report-Dust Extraction System

1. Description of system

2. Head

(a) Serial No. of Head

(b) Contaminant captured.

(c) Capture velocities: (at points to be specified) Design value Actual value

(d) Volume exhausted at Head

(e) Head Static Pressure

3. Total Pressure drop at:

(a) Joints

(b) Other points of system (to be specified)

4. Transport velocity in Dust (at points along Dusts to be specified).

5. Air Cleaning Device:-

(a) Type used

(b) Velocity at inlet

(c) Static Pr. at inlet

(d) Velocity at outlet

(e) Static Pr. at outlet

6. Fan:-

(a) Type used