

FORM-1

(see rules 3, 4(1), 6)

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 building or other construction work:

Type of Construction Work	Probable Date of Commencement of Work	Expected Date for Completion of Work	Details of Approval of the Local Authority/ Details of Contract given by the Government Department
1	2	3	4

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

Date:-

Place:-



FORM-2
(see rule 4(3))
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) Building or other construction work

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:
- d. Number of inter-state migrant workers engaged:

3 (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

By

3 (b) For building or other construction work:

Type of Construction Work	Probable Date of Commencement of Work	Expected Date for Completion of Work	Details of Approval of the Local Authority/ Details of Contract given by the Government Department
1	2	3	4

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

5. Remarks of registering officers.....

Date:

Signature/E-sign/DSC of Registering Officer

Place:

Seal/Stamp of the Registering Officer

Conditions of Registration

(1). every certificate of registration issued under rule 8 shall be subject to the following conditions, namely:

- (a) The certificate of registration shall be non-transferable;
- (b) The number of workers employed in a factory 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) 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 -3
(see rule 4(11))
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 Horse power (if any)	Total number of contact workers	Remark
1	2	3	4	5	8	9	10
	Factories Contract work Interstate Migrant Work Any other Work (not covered above)						

R. J.

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	Total Number of Contract Workers	Remark
1	2	3	4	5	8	9	10
	Building and Other Construction Work						

P. J.

FORM-4
(see rules 4(12),8)

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 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-5
(see rule 9(a))
Annual Health Examination Report

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		

Rgt

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		

Ry

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		

Ry

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

I. lead ECG and Echocardiography: Final Report

Ry

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

1. 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

2. Special Examination

- a) 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.
- b) 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.
- c) Neurological examination Evaluate seizure disorders: CT Scan of Brain and E.E.G if indicated
- d) Assessment of Diabetic Control Status: (in case of employees suffering from Diabetes Mellitus)
- e) Assessment of Phobia (Acrophobia) and any other Mental Health Disorder like Anxiety or Depression
- f) 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

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

Date:

Signature



Form No. 6
(see rule 11(A)(3))

Report of Accident Including, Dangerous Occurrence Resulting in Death or Bodily Injury

ESIC Employer's Registration No.....
Code No.

Name and address of local Licence No
ESIC office (As given in the licence)

1. Name and address of factory
 2. Name, address and telephone number of the occupier
 3. Nature of Industry (As given in the Licence)
 4. Date, shift and hour of accident or dangerous occurrence
 5. Department section and exact place where the accident or dangerous occurrence took place
 6. (a) Describe briefly how the accident or dangerous occurrence took place
 - (b) Did it involve Explosion.....Fire.....
Substance(s)
- Emission of toxic substance (s)emitted.....

7. Give the total number of persons injured / killed

Number of persons injured		Number of persons killed	
Inside the factory	*Outside the factory	Inside the factory	*Outside the factory

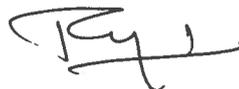
8. Name and address of witnesses
9. Cause of accident or dangerous occurrence

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

Signature of Manager/Occupier

Date : Name (In block letters)

Address and Telephone number



Note :-1.*If in any accident / dangerous occurrence, persons outside the factory premises are injured or killed please furnish the information to the extent available.

2. Details regarding injury and persons injured / killed should be supplied in the format given in the Annexure

(To be completed by the Inspector of Factories)

1. Date of receipt of the report
2. District
3. (a) Number allotted to accident involving injury and/or liability
(b) Number allotted to dangerous occurrence involving reportable injury and /or fatality
4. Date of investigation
5. Classification of accident
 - (a) Cause wise (Give code)
 - (b) Industry wise (Give *NIC Code)
 - (c) Dangerous operation wise (Give schedule number under Section 87)
 - (d) Hazardous process-wise section 2(cb)
 - (e) Occupation wise (NCO-code Number)
6. Result of investigation
7. Remarks, if any

Signature of the Inspector
Name (in block letters)

Date.....

*National Industrial Classification (NIC)



Annexure

Particulars of Persons Injured, Killed

1. Particulars of injured/killed person
 - (a) Name
 - (b) Age
 - (c) Sex
 - (d) Serial Number in the register of adult workers
 - (e) Address
 - (f) Precise occupation
 - (g) Nature of job

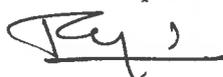
2. Cause of injury
Explosion.....Fire.....
Emission of Toxic substance Others
..... (Please specify)

3. Particulars of injury
 - (a) Fatal (time and date of death)
 - (b) Non-fatal (If serious, give the extent of injury such as loss of limb/sight & hearing, fracture, permanent impairment, severe burns)
 - (c) State whether the injured person was disabled for more than 48 hours.
 - (d) Location of injury (i.e. part of body such as right leg, left hand, left eye, etc. injured)

4. (a) State exactly what the injured person was doing at the time of accident or dangerous occurrence.

(b) Does this work fall in the category of hazardous/ dangerous process or operations (please tick mark () in the box.

Hazardous
process
Dangerous
process/operation



5. (a) Hour at which the injured person started work in the day of accident or dangerous occurrence.
- (b) whether wages in full or part are payable to him for the day of accident or dangerous occurrence.
6. 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 and from his place of work
- (b) the injured person 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 :
- (d) the vehicle is being/not being operated in the ordinary course of public transport service.
7. In case the accident took place while meeting emergencies, state:-
- (a) its nature; and
- (b) Whether the injured person at the time of accident was employed for the purpose of his employer's trade or business in or about the premises at which the accident took place
8. (a) Physicians, dispensary or hospital from whom or in which injured person received or is receiving treatment,
- (b) Name of dispensary/panel doctor selected by the insured person.

Ry,

Form No.6-A
(see rule 11(A)(3))

Report of Dangerous Occurrence, Which Does Not Result in Bodily Injury

Registration Number Licence Number
*NIC Code Number
(As given in the licence)

1. Name and address of factory
2. Name, address and telephone number of the occupier
3. Name of the Manager
4. Nature of Industry
5. Department, Section and exact place where the dangerous occurrence took place.
6. Date, shift, and hour of dangerous occurrence.
- (a) Type of dangerous occurrence (See overleaf)
- (b) Did it Involve Explosion..... Fire
Emission of Toxic/ Flammable/Explosive Substance(s)
Substance(s) emitted.....
7. State exactly what happened

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

Signature of Manager

Date:

letters)

Address and Tele. No.

Name (in block

(To be completed by the Inspector of Factories)

1. Date of receipt of the report
2. District
3. (a) Number allotted to the dangerous occurrence not involving injuries and/or death
(b) Number allotted to "Major accident" not involving reportable injuries and/or death
4. Date of investigation
5. Cause
6. *NIC Code (As given in the licence)
7. Result of investigation.

Reg,

Schedule

The following classes of dangerous occurrence, whether or not they are attended by personal injury or disablement:-

1. Bursting of a plant used for containing or supplying steam under pressure greater than atmospheric pressure.
2. Collapse or failure of a crane, derrick, winch, hoist or other appliances in raising or lowering person or goods, or any part thereof, or the overturning of a crane.
3. Explosion, fire, bursting out leakage or escape of any molten metal, or hot liquor or gas causing bodily injury to any person or damage to any room or place in which persons are employed, or fire in rooms of cotton pressing factories where a cotton opener is used.
4. Explosion of a receiver or container used for the storage at a pressure greater than atmospheric pressure of any gas or gases (including air) or any liquid or solid resulting from the compression of gas.
5. Collapse or subsidence of any floor, gallery, roof, bridge, tunnel, chimney, wall, building or any other structure.

*National Industrial Classification (NIC)



FORM – 7
(see rules 11(B)(1),11(B)(2), 11(B)(3))
Notice of Accident of Dangerous Occurrence
(For Building or other construction work)

E.S.I.C. Employer's Code number : E.S.I.C. Insurance

Number of the injured/died 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/died 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

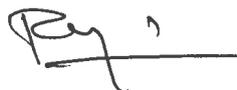
:

(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.

Date of dispatch of report:

Place:

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



Form No. 8
(see rule 12 (A))
Notice of Poisoning or Notifiable Disease

¹ESIC Employer's Registration No.

Code No..... Licence No.

Name and address of the ²NIC Code No.
injured person..... (As given in the licence) Local ESIC
Office.....

1. Name and address of factory
2. Name, address and telephone number of the occupier
3. Nature of Industry
4. Particulars of affected worker:-
 - (a) Name
 - (b) Age
 - (c) Sex
 - (d) Serial number as per Register of Adult/Child worker
 - (e) Address
 - (f) Precise occupation
 - (g) Nature of job
5. Nature of poisoning/disease (Give serial number and name as per the list overleaf)
6. (a) Harmful agent or process to which poisoning or disease is attributed
(b) Approximate date of beginning and cessation of exposure of the worker to the harmful agent or process.
7. Has the case been reported to the Certifying Surgeon/Administrative Medical Officer, ESIC/Medical Inspector of Factories. Yes/No.

Signature of Manager Name (in block letters)

Date: Tel. No.

Note: -This notice should be sent forthwith to the following authorities;

1. Chief Inspector cum facilitator of Factories
2. Medical Inspector
3. Certifying Surgeon
4. Administrative Medical Officer, ESIC



(To be filled in by the Factory Inspector)

Number of the case Remarks

Date Signature

Name (In block letters) Designation

*Notice of poisoning or disease

Footnotes:

1. Employee's State Insurance Corporation (ESIC)
2. National Industrial Classification (NIC)

A handwritten signature or set of initials, possibly 'R.H.', written in black ink.

FORM – 9
(see rule 12 (B)(1))
Notice of Disease

(For Building or other construction work)

- (1) Name of establishment:
- (2) Address of Establishment:
- (2) Nature of establishment:
- (3) In case of Mines the Name of the Mineral:
- (4) Details of Patient:
 - (a) Name of Patient:
 - (b) Works number of Patient:
 - (c) Address of Patient:
 - (d) Precise occupation of patient:
- (5) Nature of disease from which patient is suffering:
- (6) Date of Detection of Disease:
- (7) Details of Medical Practitioner:
- (8) Has the case been reported to the Medical Officer:

Signature of employer, owner, or manager

Date:

A handwritten signature in black ink, appearing to be 'Ry', is written over the date field.

FORM NO. 10
(see rule 24 (A)(2)(4)(a))
Register of Compensatory Holidays

Serial	Number in the Register	Name	Group or Relay No.	No. and date of exempting order	year	Weekly rest days lost due to the exempting order in				Date of compensatory holidays given in					
						January to March	April to June	July to September	October to December	January to March	April to June	July to September	October to December	Lost rest days carried to the	Remarks
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

(Handwritten signature)

FORM NO. 11
(see rule 25 (A)(5)(b))

Overtime register for exempted workers

S.No.	Serial number in the register of adult workers.	Name of exempted worker	Department	Normal hours of work prescribed		Overtime worked.			Total overtime hours.
				Daily	Weekly	Date	Additional production for piece rate worker	Hours	
1	2	3	4	5	6	7	8	9	10

Normal rate of pay		Overtime rate of pay		'Earning during the month'			Date on which overtime payment made.
Per hour	Per piece	Per hour	Per piece	Normal	Overtime	Total (col. 15 + col. 16)	
11	12	13	14	15	16	17	18

Note:

1. This register is to be maintained in respect of all workers, exempted under section -27
2. This register shall be preserved for a period of years after the last entry.
3. In column 9, equivalent hours of additional production of pieces reported in column as converted according to rule 25(3).

Ry

Form No. 12

(see rule 28)

Notice of period of work for adult workers

Name of Establishment	Registration No.....
Address.....	Licence No.....
District.....	*NIC Code No.....
First day of week.....	(As given in the licence).....

Periods of work	Men Total number of men employed				Women Total number of women employed				Identification of the Group		Remarks
	A	B	C	D	A	B	C	D	Alphabet assigned A,B,C etc.	Nature of work	
Groups Relays	123	123	123	123	123	123	123	123	A B C D E -		
On working days											
From ...											
To ...											
From ...											
To ...											
From ...											
To ...											
From ...											
To ...											

Date on which this notice is first exhibited :

- * Describe the groups & Explain the nature of work against
Identification letter marked A,B,C,D,E.....
- * National Industrial Classification (NIC)

**Signature of Manager
Name (In block letters)**

(Handwritten Signature)

FORM-13*(see rules 29(1) (A) and 38(3))***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/For nightly /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	D A	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 No. 14

(see rule 29(1)(b))

Attendance Register (muster roll)

Sl. No.	Serial number in the Register of adult /child worker	Name of worker	Father's/Husband's name	Date of appointment	Group to which the worker belong		Number of relay If working In shift	Adolescent certified as adult		Period of work
					Occupation	Alphabet Assigned		Number & date Of certificate	Token number under Section 68	
1	2	3	4	5	6	7	8	9	10	11

Daily attendance for the month of	Total number of man days worked	Man days lost due to					Any other person
		Strike	Lay off	Lockout	Leave with pay	Leave without pay	
12	13	14	15	16	17	18	19

Total of 1, 15 to Col. 20	Number of festival & national holiday	Number of weekly holidays (off) paid for	Total man days paid for *	Remarks
20	21	22	23	24

* sum of Col. 14 + col. 18 + Col. 22 + Col. 23 + (col. 15 to 17 if paid for).

Py

FORM – 15
(see rule 29 (1)(e))

Wage Book

Name & Address of the Employer:

Name & Permanent Address of the Establishment:

Name & Address of the Establishment where building or other construction work carried on:

Nature of building or other construction work

Wages for the week/fortnight/month ending.....

1. No. of days worked
2. No. of units worked in case of piece rate work
3. Rate of daily/monthly wage/piece rate
4. Amount of overtime wages
5. Gross wages payable
6. Deductions, if any, on account of the following:
 - a. fines
 - b. damage or loss
 - c. loans and advances
 - d. subscription towards provident fund
 - e. any other deductions

7. Net amount of wages paid

Signature of Employer/Owner/Manager/Authorised Person

Seal/Stamp of the Establishment

A handwritten signature in black ink, appearing to be 'Ry', written over a horizontal line.

FORM – 16
(see rule 29(1)(f))

Service Certificate

Name & Permanent Address of the Establishment:

Name & Address of the Establishment where building or other construction work carried on:

Nature of building or other construction work:

Name and Address of the Building Worker.....

Father's/Husband's Name.....

Age or Date of Birth.....

Identification Marks.....

Total Period for which employed							
Sr. No.	From	To	Nature of Work Done	Rate of Wages (with particulars of unit in case of piece rate)	If the building worker was a registered beneficiary his/her Registration No. & Name of the Board	Reasons/Grounds on which the employment terminated	Remarks
1	2	3	4	5	6	7	8

Signature of Employer/Owner/Manager/Authorised Person

Seal/Stamp of the Establishment



Form No.17
(see rule 30)
Register of adult workers

S. N.	Name	Date of Birth	Sex	Residential address	Father's/Husband's name	Date of appointment	Group of which worker belongs		Number of relay if working in shifts	Adolescent if certified as adults		Remarks
							Alphabet assigned	Nature of work		Number & date of certificate of fitness	Number under section 68	
1	2	3	4	5	6	7	8	9	10	11	12	13

Pg. n

FORM NO. 18
(see rule 31(1))
Identity Card

- (a) Name and address of the factory;
- (b) The full name and address of the worker;
- (c) Date of birth of the worker;
- (d) Date of joining the service in the factory;
- (e) Recent passport size photograph of the worker.

Signature or left thumb impression of the worker.

Signature of Manager or Authorized Agent.

Date of issue.

A handwritten signature in black ink, appearing to be 'Raj', with a horizontal line extending to the right from the end of the signature.

FORM-19
((see rule 32(1))
REGISTER FOR LEAVE WITH WAGES

1. Name :	8. Date of discharge/dismissal/quitting employment/superannuation/death while in service	10. Whether leave in accordance with scheme under section __ was refused :
2. Sex :	9. Date of payment in lieu of leave with wages due in such case :	
3. Father's/Husband's name : 4. Serial number in the Register of adult/Adolescent worker :		
5. Department :		
6. Designation :		
7. Date of joining employment :		

Calendar year of service (i.e. previous year)	Leave due or on 1 st January of the year in column 1	Leave availed during the year		
		Dates		No. of days
		From	To	
1	2	3	4	5

Number of working days for computation of leave during the year mentioned in column 1					Regular leave earned for the year mentioned in col. 1	Balance of leave admissible on 1 st January of the year following the year mentioned in column 1 (Column. 2 + 11 – 5)
Days worked	Lay-off	Maternity leave upto 12 weeks	Leave with Wages enjoyed	Total (6 to 9)		
6	7	8	9	10	11	12

Raj

Date & Amount of payment made in lieu of leave due							Signature of worker
No. of days for which leave paid	Rate of wage as per Section- 2(zzj) of the OSH code- 2020	Total amount paid (Column. 13 x 14)	Discharged worker				
			Date of discharge	No. of balance days for which leave paid	Rate of wage as per Section- 2(zzj) of the OSH code- 2020	Date & Amount of payment made in lieu of leave due	
13	14	15	16	17	18	19	20

P. J.

Form 20
((see rule 33(1))

Leave Card

[Shall be the same as "Register of Leave with Wages" (Form No.19) but shall be made out separately for each worker on a thick house sheet.]

A handwritten signature or set of initials, possibly 'Ry', written in black ink.

FORM – 21
((see rule 35(1))

Notice of Wages & Wage Period

1. Name & Address of the Employer:
2. Name & Permanent Address of the Establishment:
3. Name & Address of the Establishment where building or other construction work carried on:
4. Nature of building or other construction work:
5. Normal Working Hours in the Establishment:
6. Rates of Wages of Building Workers working in the Establishment:
7. Wage Period:
8. Date of Wages paid:
9. Date of Payment of Unpaid Wages:
10. Details of Accident and Dangerous Occurrence in the Establishment for the Last Five Years:
11. Name and Address of the Inspector-cum-Facilitator having jurisdiction:

Signature of Employer/Owner/Manager/Authorised Person

Seal/Stamp of the Establishment

To,

The Inspector-cum-Facilitator

A handwritten signature in black ink, appearing to be 'Ry 1', written over a horizontal line.

FORM- 23
((see rule 37))
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).	Number of Shifts		

B H 2

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 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

Key

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:		

[Handwritten Signature]

Discharged	Dismissed	Retrenched	Terminated or Removed	Grand Total	
7.	Man-days lost during the year on account of				
Sl. No	Reas ons	Peri od / Dat e	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		

Ry

H. Details of payment of bonus:			
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:			
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. Man days and Production Lost due to accidents / dangerous occurrence			
Accident/Dangerous Occurrence	Man days lost	Production Lost	

Py

FORM 24
(see rule 44(1))

CERTIFICATE OF FITNESS BY 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 (designation)
in (process, department and factory)
 and that his age, as
 nearly as can be ascertained from my examination, is years, and
 that he is, in my opinion, fit/unfit for employment in the above mentioned
 factory as mentioned above.

2. He may be produced for further examination after a period of
3. The serial number of the previous certificate is

Signature or left hand
 Thumb impression of
 Person examined. :

Signature of Certifying
 Surgeon :

Date :

I certify that I examined the person mentioned Above on.	I extend this certificate Until (If certificate is not extended, the period for which the worker is considered unfit for work is to be mentioned).	Signs and symptoms observed during Examination.	Signature of the certifying Surgeon.

By,

FORM-25
(see rule 47)

APPLICATION FOR LICENSE

On Line Application for License/ Renewal of License/Amendment of License (including Common/single license)						
Government of Gujarat, Labour ,Skill Development and Employment Department						
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 workwise)						
Location 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 In charge
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

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

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.LicenceNo	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-26

(see rule 48)

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 an establishment within the limits stated hereinafter, subject to provisions of the Occupational Safety, Health and Working Conditions Code, 2020, and the rules made thereunder.

The-----20... Issuing Authority

Sl.No.	Period of issue	Valid For	Fee	Date of Payment	Exc ess fee for late payment	Date of paym ent	Signa ture of the Issuin g Authority
		Maximum number of Contract labour /workers on any one day					

AMENDMENTS:

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

Py

FORM-27

(see rule 57)

**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.	

By

FORM-28

(See rule 85(2))

APPLICATION FOR COMMON LICENSE

Application for License/ Renewal of License/Amendment of License (including Common/single license)					
Government of Gujarat, Labour, Skill Development and Employment Department					
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) : e sign/digital sign					
II. Details of Employer:					
1. Full Name of Employer/Occupier: relationship with establishment.					
2. Full Address of Employer/Occupier:					
3. Email Id of employer/Occupier:					
4. Mobile No. of employer/Occupier:					
**Details of all Occupier / Partners / Directors to be furnished along with					
III. A. Particulars of the Factory					
Factory Name	Full Address of Factory	Activity as per national industrial classification	Date of Applicability as Factory	Max Power to be used (HP)	Name of Establishments in which workers to be employed
1	2	3	4	5	6
Name, Residential address and Mobile No. of Manager					
Maximum number of workmen proposed to be employed on the Establishment on any date:					
Amount of Licence Fee: INR			(Transaction Id :)		
Manufacturing Process To be					

carried out:

III. B. Particulars of the Contract Labour to be employed / is employed (If licence is required work wise)

Locations of work sites	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 In charge
1	2	3	4	5	6	7

Maximum number of workmen proposed to be employed on the Establishment on any date:

Amount of Licence Fee: INR (Transaction Id :)

Amount of Security Deposit: INR (Transaction Id :)

IV. DETAILS OF ESTABLISHMENTS FOR WHICH COMMON LICENCE REQUIRED , (IF APPLYING FOR CONTRACT LABOUR WORK)

Type of Establishments	Name & Address of establishment	(i) Nature of work carried out in the establishment (ii) Activity as per National Industrial 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

DETAILS OF ESTABLISHMENTS FOR WHICH SINGLE LICENCE IS REQUIRED (BEEDI AND CIGARS)

1. Whether the applicant is a trade mark holder registered under prevailing trade and merchandise mark act.....
2. Whether the proposed site of the industrial premises amounts to the alteration of the site of any existing premises and if so the reasons for such alteration.....
3. Whether the beedies or cigars or both manufactured by applicant will be sold and marketed by himself or through proprietor or registered user of a prevailing

By

trade and merchandise mark act or any other person.....

4. Maximum number of labour will be/is employed at any time of the day.....

5. Date of commencement of Work.....

6. Plan of the places or premises, the area therein to be used for manufacturing processes the immediate surroundings of such places or premises etc.....

7. Whether the employer has adequate financial resources to meet all the legal requirements relating to welfare of labour.....

8. Previous experience of the applicant in the industry.....

VI. DETAILS OF ESTABLISHMENTS FOR WHICH SINGLE LICENCE IS REQUIRED (IF APPLYING FOR Contract Labour Work)

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

APPLICATION FOR RENEWAL OF LICENCE

Licence No. Date :

Registration number :

LIN & PAN (For Contract Labour Work Only)

NIC code number :
(As given in the licence)

Name and address of the Factory / establishment:
Full address to which communication shall be carried (where the factory address serves the purpose of communication also this information need not be given)

A flow chart of the manufacturing process supplemented by a brief description of the process in its various stages, list of the raw materials used, intermediate products including mission of toxic, gases etc., finished products their quantities, methods of storage and handling, loading and transport and details of the arrangement for the disposal of trade waste and effluents, control or eliminate them (to be enclosed).

Maximum number of workers to be employed on any day during the year. :	Installed power in horse power :
--	----------------------------------

The period (not exceeding two years) for which license or renewal of license is applied for :

Ry,

Name and residential address of occupier:	Name and residential address of manager:
Amount of fee (Rupees) paid vide treasury challan on or by book adjustment vide order No. dated	
Date of expiry of previous licence :	
Whether the licence of the employer/contractor was suspended or revoked:	
Details of Fees paid: (Enclose payment receipt): Amount.... date of payment:	
sign of the Occupier / employer /contractor date:	
APPLICATION FOR AMENDMENT OF LICENCE :	
1.LicenceNo	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:	
Power to be change (HP) :-	
Name change of Occupier	
change of Factory Name	
Change of Factory Address	
Nature of Manufacture processes to be carried out in the factory :	List of Processes
in case of application for amendment, indicate manufacturing processes carried out previously :	List of Processes
(b). Details of fees paid INR	payment date :
(c) Other details requiring amendment in the licence issued (Necessary documents may be attached / upload in support of change required)	

Sign of the Occupier / employer/contractor date of application.



FORM NO. 29

(see rule 68)

**APPLICATION FOR THE WORK REQUIRED TO BE CARRIED OUT
OUTSIDE THE INDUSTRIAL PREMISES**

1. Type of Establishment:
2. Name & Address of establishment:
3. Nature of work:
4. Place or Places where the work required to be carried out outside the industrial premises:
5. Date of commencement of Work:
6. Maximum number of employees employed:
7. Remarks:



FORM NO. 30
(see rule 68)
RECORDS OF OUTSIDE WORK

1. Date:
2. Place or Places where the work required to be carried out outside the industrial premises:
3. Nature of work:
4. Name of Employees:
5. Remarks:

Pyi

FORM NO. 31
(see rule 69(1)(2)(a))

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

1. Application for –
 - (a) Constructing new building.
 - (b) Extending an existing building
 - (c) Taking into use any building as factory(Tick one or more as applicable)
2. Applicant's name and address :
(In block letters)
3. Full name and postal address :
of factory.
 - a. Name
 - b. Address
(Town or village/Dist./Pin Code No.)
4. Please indicate also following details –
 - a. Nearest Police station – distance.
 - b. Nearest Railway Station – or steamer Ghat –
 - c. Nearest Public Hospital.
5.
 - a. Whether already registered as factory Yes / No.
 - b. If Yes,
 1. Registration No.
 2. License No.
 3. Date of renewal of License
 - c. Does it fall in hazardous category under section 2(z), 2(za) ? Yes / No.
 - d. If so, has site been approved u/s 82,84,85? Yes / No.
 - e. If so, date of approval
6. Particulars of plant to be installed.
*To be enclosed only if the site has not been appraised in terms of Section 82,84,85.
7. Enclosures
 - a. Flow chart of the manufacturing process
Yes / No.
 - b. Brief description of the process in its various stages
Yes / No.
 - c. Plan, in duplicate drawn to scale showing –
 - i. the site of the factory and immediate surroundings including adjacent buildings and other structures, roads, drains, etc. Yes / No.
 - ii. the plan, elevation and necessary cross-sections of the various building indicating all relevant details relating to natural lighting, ventilation



and means of escape in case of fire. The plans shall also clearly indicate the position of the plant and machinery, aisles and passage – ways

Yes / No.

- d. Such other particulars as required by the Chief Inspector at the time of submission of the application ,

Signature of applicant.

Name of applicant
(In block letters)

Date:

Telephone Number

A handwritten signature in black ink, appearing to be 'Ry', with a horizontal line extending to the right.

FORM NO. 32

(see rule 70)

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. Nature of manufacturing process to be carried on in the factory.
6. Number of floors on which workers will be employed.

I certify that, I have inspected the premises, the plans of which have been approved by the Chief Inspector by his letter No. Dated and examined the various parts including the foundations with special reference to the machinery, plant etc., that have been installed. I am of the opinion that all the works of engineering construction in the premises is/are structurally sound and that its/their stability will not be endangered by its/their use as a factory / part of factory for the manufacture of for which the machinery plant etc. installed are intended.

Signature

Qualification

Address

Date

[If employed by a company or association name and address of the company or association.]

A handwritten signature in black ink, appearing to be 'Ry 1'.

FORM- 33

(see rules 75(1) and 77(1))

Application for New/Renewal of licence

Registration number :

Licence number :

NIC code number :

(As given in the licence)

1. Full name of the factory :
2. Address :
3. Full address to which communication shall be carried (where the factory address serves the purpose of communication also this information need not be given)
4. A flow chart of the manufacturing process supplemented by a brief description of the process in its various stages, list of the raw materials used, intermediate products including mission of toxic, gases etc, finished products their quantities, methods of storage and handling, loading and transport and details of the arrangement for the disposal of trade waste and effluents, control or eliminate them (to be enclosed).
5. Maximum number of workers to be employed on any day during the year.
6. Installed power in horse power :
7. The period (not exceeding two years) for which license or renewal of license is applied for :
8. Name and residential address of occupier :
9. Name and residential address of manager :
10. Amount of fee (Rupees) paid vide treasury challan on or by book adjustment vide order No. dated

Signature of occupier:
Name(in block letters)
Telephone number :

Date :

Signature of manager:
Name(in block letters)
Telephone number :



FORM-34
(see rule 75(2))

PROFORMA OF LICENSE FOR FACTORY

Licence No.----- Reg.No.----- DA. DATE / Date of Reg.-----

NIC: -

Licence is hereby granted to..... for the premises known as situated at For use as a

Factory / establishment within the limits stated herein after, subject to provisions of the Occupational Safety, Health and Working Conditions Code, 2020, and the rules made thereunder.

The Plan of Factory is approved on Date: _____ Plan No. _____ by Chief inspector cum facilitator / Joint Chief inspector cum facilitator, (Region).

The-----20. Chief inspector cum facilitator

Details of License

	Period of issue	Valid For		Fees Paid Rs.	Excess fee for late payment	Excess Fees Rs.	Date of Payment	Signature of the Issuing Authority
		Maximum number of Contract labour /workers on any one day	Max. Power used by Premises in HP					
Granted under Rule-75								
Renewed under Rule-77								

Transfers

To whom transferred	Date of transfer	Transfer fee paid an Date of payment	Signature of the issuing authority

By

AMENDMENTS:

Date when amended	Amended		Amendment fee paid and date of payment	Additional fee paid and date of payment	Signature of the issuing authority
	Workers	Installed Power (Horse-power)			

Fees due for factory



FORM-36

(See rule 85(4))

PROFORMA OF COMMON LICENSE

Licence No. ----- Reg.No. ----- DA. DATE / Date of Reg.-

NIC: -

Licence is here by granted to.....for the premises known as situated at For use as a Factory / establishment within the limits stated hereinafter, subject to provisions of the Occupational Safety, Health and Working Conditions Code, 2020, and the rules made thereunder.

The Plan of Factory is approved on Date: _____ Plan No. _____ By Chief inspector cum facilitator / Joint Chief inspector cum facilitator, (Region).

The -----20. Chief inspector cum facilitator

Details of License

	Period of issue	Valid For		Fees Paid Rs.	Excess fee for late payment	Excess Fees Rs.	Date of Payment	Signature of the Issuing Authority
		Maximum number of Contract labour /workers on any one day	Max. Power used by Premises in HP					
Granted under Rule-89								
Renewed under Rule- 91								

Transfers

To whom transferred	Date of transfer	Transfer fee paid an Date of payment	Signature of the issuing authority

(Signature)

AMENDMENTS:

Date when amended	Amended		Amendment fee paid and date of payment	Additional fee paid and date of payment	Signature of the issuing authority
	Workers	Installed Power (Horse-power)			

Fees due for factory
Fees due for beedi and cigar industries
Fees due for contract labour
Total fees due

By order and in the name of the Governor of Gujarat,



(GAGUBHA RAJ)

Deputy Secretary to Government.

(P.T.O.)