

**FORM-1****[See Rule-5(1)]****Application for Registration for existing establishments/New Establishment/Amendment to certificate of Registration****A. Establishment Details.**

1. Retrieve details of Establishment through LIN:
2. HUM (Haryana Udhyan Memorandum) number of Establishment:
3. Name of Establishment:
4. Location and Address of the Establishment:
5. 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
1	2	3	4

**5 (b) 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
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:

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-2****[See Rule-5(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 (No.37 of 2020) to..... (Name of the establishment)

1. Nature of work carried on in the establishment (Please tick mark)

a. Factory	c. Contract Work
b. Building and Other Construction Works	d. any other work (not covered above)

2. Detail of 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

**3 (b) 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

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(1) shall be subject to the following conditions, namely:
  - (a) the certificate of registration shall be non-transferable;
  - (b) the number of workers employed in an establishment directly and contract employees shall not, on any day, exceed the maximum number specified in the certificate of registration; and
  - (c) Save as provided in these rules, the fees paid for the grant of registration certificate shall be non-refundable.
- (2) The employer shall intimate the change, if any, in the number of workers or the conditions of work to the registering officer within 30 days
- (3) The employer shall, within thirty days of the commencement and completion of any work, intimate to the Inspector-cum-Facilitator, having jurisdiction in the area where the proposed establishment or as the case may be work is to be executed, intimating the actual date of the commencement or, as the case may be, completion of establishment such work in **Form-4** 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-3****[See Rule-5(8)]****Register of Establishment**

S N	Nature of work	Registratio n No. and Date	Name and Address, location of the establishe ment registered	Name, Address and Contact Details of Employ er	Total number of Workers	Total number of contrac t Worker s	Remark s
1	2	3	4	5	6	7	8
	(a) Factories (b) Building and other Construction work (c) Contract work (d) Interstate Migrant Work (e) Any       other work       (not covered above)						

**FORM-4****[See Rule-5(9) and Rule-7]****A Notice of Commencement / cessation of Establishment:**

1. Registration No:
2. Name and Address of Establishment:-
3. Name & Designation of employer:-
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:

..... dated..... is likely to commence/cessation is likely to be completed with effect from (Date)/..... On (Date)

I/We hereby intimate that the work of establishment having registration No.

**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-8 and 97(1)]**  
**HEALTH EXAMINATION**

**PART –A**

1. Name of employee .....
2. HREX Registration number of Employee .....
3. UAN or ESIC Number of employee .....
4. Sex.....
5. Date of Birth.....
6. Department & Designation .....
7. Work profile .....
8. Address of employee .....
9. Name & Address of Establishment .....
10. HUM Number of Establishment .....
11. Mobile /Phone .....
12. Email.....
13. Medical illness (Current) and under treatment & medication, If any.....
14. Nature of Job (furnish more details, if hazardous and work-related viz. Physical, Chemical, Biological, Ergonomic etc) .....

Date:

Signature of Employee

**PART-B:**

15. Medical Test Carried out & Reports to be attached as Annexure. Medical Officer's interpretation/ Opinion of the Tests below (To indicate only if abnormal , referring the attached Test reports) :
  - a. Ht. Wt. Chest, Waist Circumference, Body Mass Index: .....
  - b. Vision (Ophthalmologist tests):
    - i. Visual Acuity both Right & left eyes .....
    - ii. Colour Vision.....
  - c. Blood Pressure .....
  - d. Complete Blood Count: .....
  - e. Blood Sugar (Fasting/PPBS/HbA1c).....
  - f. SpO<sub>2</sub>.....
  - g. Blood Urea Nitrogen (BUN).....
  - h. SGOT/SGPT.....
  - i. Lipid profile.....
  - j. ESR.....

- k. Thyroid profile.....
  - l. X-ray Chest etc.....
  - m. ECG.....
  - n. Others if any.....
16. Final Diagnosis/ Opinion / Treatment if any, advise by qualified medical practitioner .....
17. Does the person has seizure (s) related disorders or difficulties working at Height ? If yes, explain the works to be avoided: Yes/No/ NA (Not applicable)

I certify that I have personally examined Mr/Ms..... and he/she is fit for employment as per his work profile.

Date:

Signature of the qualified medical practitioner

SEAL



**FORM-6****[See Rule-10]****NOTICE OF ACCIDENT OR DANGEROUS OCCURRENCE**

- E.S.I.C. Employer's Code number :
- E.S.I.C. Insurance Number of the injured person :
1. Name of employer :
2. Address of works / premises where the accident  
or dangerous occurrence took place :
3. Nature of industry and LIN of the establishment :
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 :
- (a) 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 :

- (b) State exactly what the injured person was doing at the time of accident or dangerous occurrence :
- (c) 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? :
- (d) 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 work; :
- (b) the injured person was travelling with the express or implied permission of his employer; :
- (c) the transport is being operated by or on behalf of the employer or some other person by whom it is provided in pursuance of arrangements made with the employer; and :
- (d) the vehicle is being/not being operated in the ordinary course of public transport service :

12. In case the accident or dangerous occurrence took place while meeting emergency, state-

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

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

14. Names and addresses of witnesses :

1..... 2.....

15. (a) Nature and extent of injury (e.g. fatal, loss of finger, fracture of leg, scald, scratch followed by sepsis, etc.) :
- (b) Location of injury (e.g. right leg, left hand, left eye, etc.) :
16. (a) If the accident or dangerous occurrence was not fatal, state whether the injured person was disabled for more than 48 hours :
- (b) date and hour of return of work :
17. (a) Physician, dispensary or hospital from whom or which the injured person received or is receiving treatment :
- (b) Name of dispensary/panel doctor elected by the injured person :
18. (a) Has the injured person died ? :
- (b) If so, date of death :

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

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

Date of dispatch of report :

Place:

**FORM-7**

[See Rule-57]

**NOTICE OF PERIODS OF WORK**

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

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

On working days

From –

To –

From –

To –

On partial Working days

From –

To –

From –

To –

**Date on which this notice is first exhibited:**

**Signature of manager:**

**Date :**

**FORM-8****[See Rule-58]****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 (hoursworked 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-9****[See Rule-58]****REGISTER OF ACCIDENTS AND DANGEROUS OCCURRENCES**

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



(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)	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.	Creches (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 all the establishments 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 all establishments employing 150 or more workers / employees and 50 or more workers / employees for the establishments which manufactures store or handle an hazardous substance or carry out the hazardous process under the Code.
5.	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.



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

**G. Details pertaining to maternity benefit:**

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:**

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Sl .	No. of employees covered under the	Total amount of bonus actually paid	Date on which the Bonus paid	
<b>I. Details of accidents, dangerous occurrence and notifiable diseases:</b>				
S N	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
<b>J. Mandays and Production Lost due to accidents / dangerous occurrence</b>				
Sl .	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/Manager with seal

Place:

Dated:

**FORM-11**

[See Rule-62]

**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				
			Sickness and accidents	Authorized Leave	Lock Out or Legal Strike	Involuntary unemployment	Others
1	2	3	4	5	6	7	8

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
				Date of Discharge	Date & amount of payment made in lieu of leave due	
9	10	11	12	13	14	15

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

**FORM-12****[See Rule 63]****Muster-Roll**

Name and Address of establishment:

Periods of work and rest period (time and coding)

S.No.	Name	Gender	adult/ adolescent register entry number	Whether local or Inter-State Migrant	social security number( UAN/ESI)	O/T hours	weekly-off

**FORM-13****[See Rule 64]****Attendance Card**

Month:

1 Name and address of the establishment:

2 Name of the worker

3 Father's name

4 Serial number in Adult Workers Register.

5 Designation

Period of Work		
Date	From	To

**FORM-14**

**[See Rule 67(2)]**

**Notice of Intention to have sample analysed**

Number:

date:

To

.....

.....

Take notice that it is intended to have analysed the sample of\* ..... which has been taken today, the ..... day of ..... 20 ..... from\*

.....

(Name of the Inspector-cum\_Facilitator who orders sampling).

(Seal)

Date .....

**FORM-15**  
**[See Rule 67(7)]**

Report by Laboratory

Report No. ....

Date .....

I hereby certify that I ..... Analyst working in.....duly received on the  
.....day of ..... 20..... from .  
.....a sample of ..... for analysis.

The sample was in a condition fit for analysis as reported below.

I further certify that I have analysed the aforementioned sample on ..... and declare that  
the result of the analysis to be as follows:

\*\* .....

The condition of seals, fastening of samples on receipt was as follows:

Signed this .....day of.....20.....

Address .....

.....  
Signature  
(laboratory Analyst)

**FORM-16**

[See Rule-68(1)]

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

Inspector-cum-facilitators Notice on Inspection of Establishment, Lifting Appliance, Loose Gears and other such gears, Equipment, Ladders and Staging. Inspector-cum-Facilitator's notice to the occupier, employer, owner, master, Officer-in-charge, Owner of lifting appliances, loose gears and lifting devices or the person, scaffold who, by himself, his agents, or his employers as the case may be.

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

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

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

**CONTRAVENTIONS**

Therefore. I hereby direct that the said activities shall not be carried on by you or under your control unless the said contraventions and matters mentioned have been remedied to the satisfaction of the Inspector-cum-Facilitator. This order is being issued without prejudice or any legal action which may be taken for these contraventions.

On hearing from you that the requirements have been complied with the establishment, lifting appliance, loose gear or similar gear/transport equipment/ladders/ staging, scaffold shall again be visited with a view to the inspection being completed.

No.

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

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

**REQUIREMENTS**

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



Sir,

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

Sir,

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

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

To

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

## PART - II

### Improvement Notice

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

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

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

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

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

again be visited with a view to the inspection being completed.

Contraventions No. ....Dated .....this day of 20.....

Inspector-cum-Facilitator under the Occupational Safety, Health and Working Conditions Code, 2020 Requirements. On compliance with all or any of the requirements, the Inspector-cum-Facilitator should be informed in the manner prescribed overleaf of the date and place at which the establishment, lifting appliance, loose gear, transport equipment, ladders and staging, scaffold can be re-inspected.

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

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

To

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

**FORM-17****[See Rule 73(2)]****Certificate of Fitness**

Certificate Number:

date:

1. Name of Adolescent:
2. Father's Name:
3. Address:
4. Gender:
5. Age:
6. Descriptive marks
7. Remarks

Name and Signature of Medical Officer

**FORM-18****[See Rule 73(7)]****Register of medical examination of adolescents**

S.No.	Name of Adolescent	Address	Date of examination	Date of deposit of fee	Whether fit or unfit	Signature of adolescent	Signature of medical officer

**FORM-19**  
**[See Rule-76(1) & 79(2)(a)]**  
**APPLICATION FOR LICENSE**

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

Locations of worksites	Name and nature of works	Activity as per national industrial classification	Date of commencement	Date of completion	Name of Establishments in which contract labour is/proposed to be employed	Name Address, email id of the Site Incharge
1.	2.	3.	4.	5.	6.	7.
5. Maximum number of workmen proposed to be employed on the Establishment on any date: <b>24</b>						
6. Amount of Licence Fee: <b>INR</b> ( Transaction Id : )						
7. Amount of Security Deposit: <b>INR</b> ( Transaction Id : )						
<b>IV. DETAILS OF ESTABLISHMENTS FOR WHICH COMMON LICENCE REQUIRED , (IF APPLYING FOR)</b>						

Type of Establishments	Name & Address of establishment	(i) Nature of work carried out in the establishment (ii) Activity as per National Ind'l classification	Date of commencement	Permanent establishment or probable date of completion	Maximum number of employees employed/proposed to be employed	Maximum number of employees employed/proposed to be employed
1	2	3	4	5	6	7

**V. DETAILS OF ESTABLISHMENTS FOR WHICH SINGLE LICENCE IS REQUIRED (IF APPLYING FOR)**

Name of States in which the establishments are situated	Name and nature of each work allotted.	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 (category wise i.e. Unskilled, Semi-Skilled, skilled and higher skilled) **	Registration number, if obtained, then details thereof
1	2	3	4	5	6	7

\*\* Please upload the worker's detail in Excel Sheet as prescribed in Form-4 under rule 50 (3) of the Code on Wages, 2019.

<b>Signature of Contractor</b>	
<b>(eSign/DSC)</b>	
<b>Note:</b> This is an online application summary applied on Shram Suvidha Portal.	
<b><u>APPLICATION FOR RENEWAL OF LICENCE</u></b>	
1. Licence No.	Date :
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:	
<b>APPLICATION FOR AMENDMENT OF LICENCE :</b>		
1.	Licence No	Date:
2.	LIN & PAN	
3.	Name and address of the establishment:	
4.	Details for which amendment is sought :	
(a).	Maximum number of worker presently employed : (If there is increase in the maximum number of workers to be employed, then additional fees/security deposit as per law needs to be deposited:	
(b).	Details of fees paid through e payment date on which made :	
(c).	Other details requiring amendment in the licence issued (Necessary documents may be uploaded in support of change required)	

**E-sign /digital sign of the employer/contractor**

**date of application.**

**FORM-20**  
**[See Rule-76(11), 77 & 79(2)(c)]**  
**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-22****[See Rule-86]****EXPERIENCE CERTIFICATE OF CONTRACT EMPLOYEE**

<b><u>To whom so ever concerned</u></b>	
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 asa beneficiary:
15.	Period of Employment:
16.	Designation:
Seal and Signature of Contractor	
*Please strike off whichever is not applicable.	

**FORM-23****[See Rule-92]****Agreement between Producer and Audio-visual worker**

This agreement is made on this day .. month ..... year ..... between Messers..... having office at (hereinafter referred to as the “Produced”) 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 audiovisual worker agrees to receive a sum of Rs. .... (Rupees ) payable as advance on signing of this agreement and the balance of Rs. .... payable in equal installments.
4. That in the event of the audio-visual production being not complete within the stipulated period and the Producer still needing the services of the audio-visual worker to complete the audio-visual production, the producer agrees to pay and the audio-visual worker agrees to receive additional remuneration on pro-rata basis, payable in the same manner as stated in Clause 3 above, till the completion of the production.
5. That in case the assignment of the audio-visual worker is completed earlier than the period stipulated in Clauses 1 and 4 above, the producer shall settle the account of the audio-visual worker and pay the remaining balance of the agreement amount in full before the commencement of re-recording work/censor of the production, whichever is earlier.

6. That the audio-visual worker shall, if so required,
  - (a) attend the studios, location or work-place, as the case may be, earlier than the a scheduled time of the shift, for preparatory work, and in that case, he/she shall be paid by the Producer extra wages at the rate of Rs. .... per hour or part thereof for such early attendance.
  - (b) continue to work beyond the working day, with one hour break and in that case, he/she shall be paid by the Producer extra wages at the rate of Rs..... for the work during the extended hours and refreshments, and transport facilities.
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 therefrom ; or
  - (b) he shall be entitled to terminate this agreement as from the cessation of production, in case the production ceases completely. The producer shall serve a notice in writing of such cessation on the audio-visual worker and make payment of all the amount due to the audio-visual worker at

the time of termination.

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 titled 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 audiovisual 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 audiovisual worker and shall pay all his/her dues up to the date of service of such notice. Upon resumption of work on the film, this agreement shall revive and shall remain valid for the period stipulated in Clause I excluding the period of suspension there from ;  
or
  - (b) he shall be entitled to terminate this agreement as from the cessation of production, in case the production ceases completely. The producer shall serve a notice in writing of such cessation on the audio-visual worker and make payment of all the amount due to the audio-visual worker at the time of termination.
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' Organisation and the audio-visual worker's Organisation to which the Producer and the audio-visual worker respectively may belong. The decision of the forum shall be binding on both the parties. The producer can engage another audio-visual worker for the job towards this agreement only after the forum has given a decision in favor of such termination and the audio-visual worker has been paid all his dues.
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 audiovisual 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 utilise the work of the audio-visual worker in any film, other than the audio-visual under this agreement, without prior permission of the audio-visual worker.

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

Signature of Witness 1 (Name & Address)	Signature of Producer (Name & Address)
Signature of Witness 2 (Name & Address)	Signature of Audio-visual worker (Name & Address)



## FORM-24

[See Rule-95, 101]

**Application for permission to construct, extend, or take in to use any building as a factory**

1. Applicant's name .....
- Applicant's calling in relation to factory .....
- Applicant's address .....
  
2. Full name and postal address of factory .....
- .....
- .....
- .....
- If above or below the ground level them floor on which it is situated.....
  
3. Nature of work carried out in the factory .....

Date ..... Signature (DSC) of the Occupier.....

**Note:** This application shall be accompanied by the following documents,

- (a) A flow-chart of the manufacturing process supplemented by a brief description of the process in its various stages.
- (b) Plans, in triplicate, drawn to scale, showing:
  - (i) the site of the factory and immediate surrounding including adjacent building and other structures, roads, drains etc; and
  - (ii) the plan elevation and necessary cross-sections of the various buildings 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; and
- (c) Such other particulars as the Chief Inspector may require.

## FORM-25

[See Rule-101]

## Particulars of rooms in the factory

Name and Address of the Factory.....

Name of the Room in Factory			Dimension in feet and inch							
			Height			Area				
	Length (in Feet)	Breadth (in Feet)	Maximum (In Feet)	Minimum (In Feet)	Average (in Feet)	Deductible Area (in square Feet)	Total area (in square Feet)	Floor area occupied by machinery in the room	Breathing space (in cubic Feet)	Total volume of air in the room (in cubic feet)
1	2	3	4	5	6	7	8	9	10	11

Ventilation							
Number and size of the doors/window opening/mechanical ventilation	Number of skylight / openings	Total area (in square feet)	Maximum capacity of the room	Maximum number of person intended to be employed in the room	Whether room is to be used as work room or any other purpose	Date of construction	Remark
12	13	14	15	16	17	18	19

Signature(DSC) of the Occupier.....

**Questionnaire annexed to FORM-25**  
**[See Rule-101]**

Careful attention to the questionnaire will assist in drawing up the plans in accordance with the law, and thus prevent delay in dealing with the plans.

**Note:** The site plan should be drawn to a minimum scale of 100' = 1" and the other plans drawn to a minimum scale of 10' = 1".

- 1** (a) Is the Form-25 submitted filled in for all work-rooms, godowns, etc., which are proposed to be constructed or extended?
- (b) Is the sectional elevation of each room or shed, etc., shown separately?
- (c) Is the minimum height of every room, shed, etc., shown clearly in sectional elevation?
- (d) Is the material of which the roof is constructed indicated in the sectional elevation?
- (e) Are the position of various machines fitted or proposed to be fitted, shown in the drawings together with their names?
- (f) Are the minimum number of persons working or proposed to be working in different rooms, sheds, etc., mentioned in the drawing?
- (g) Are all new buildings, parts of buildings or alterations in existing building shown by the boundaries duly marked by a distinctive colour?

**2** . Form-25 - Is the breathing space of a work room, sheds, etc., calculated as shown in below?

- (a) Floor area of a room multiplied by height of the room (the maximum height for calculation, should not exceed 14 feet).
- (b) Is the maximum of persons shown, as the lower value of the two calculations as shown below?
- (i) Floor area of a room less area occupied by machinery in the room divided by 36.
- (ii) Breathing space as in (a) above divided by 500.
- (c) Is the window and sky light area provided at the minimum area of 1 sq. ft. to every 15 sq. ft. of floor area of room? (It is recommended that window and sky-light may be provided one opposite another so as to provide best cross-ventilation)

**3** . **Doors—**

- (a) Is every work-room provided with at least two doors?
- (b) Is the minimum size of every door 6' - 6" x 3'-3"?
- (c) Are all the doors opening outwards?

**4** . **Fire escapes.—If any factory building is of more than one storey:**

- (a) Are two fire-escapes provided on either side of building?
- (b) Are the fire-escapes accessible from every room in the building?

- (c) Is the material used in construction of the fire-escape non-combustible?
- (d) Are the windows or doors giving access to an external staircase arranged to open immediately from inside?

**5 . Latrines and urinals.—**

- (a) Are the latrines and urinals provided separately?
- (b) Are these sufficient to meet the requirements as prescribed under the code and rules framed thereunder?
- (c) Is the minimum distance of the nearest building shown?
- (d) Is the minimum distance of the nearest well shown?
- (e) Is the surrounding ground up to a distance of 4 feet all round made of impermeable material?
- (f) Is the surrounding ground raised to at least six inches above ground level?
- (g) Is any latrine, ventilator or opening in the proximity of any opening of main building?
- (h) Are these latrines flush-type?
- (i) Are all the drains, pipe, sewers for carrying sullage, sewage water, effluent and waste products running in factory premises constructed of impermeable material?
- (j) Are the drains of flush-type latrine connected to drainage system of the Local Board?
- (k) Is an efficient system of septic tanks provided, if no drainage system exists?
- (l) Are the latrines provided with roofing?

- 6 . Drinking water.—**(a) Is the drinking water provided from a source provided by Local Board? If not, whether the source from which the drinking water is supplied, has been approved by the deputy Chief Medical Officer, Health, or any of the laboratories recognised by the Water Pollution Board, Haryana, or the State Public Health authorities.
- (b) Is any well constructed in the premises of the factory for drinking water or humidification purpose?
  - (c) Is the cylinder of the well pucca and impervious to water throughout and up to a depth not less than the lower level of sub-soil water?
  - (d) Are the positions of water centres shown in the plans?

7. After showing the above details, the plan, site plan, this questionnaire and Form-25 should be submitted in electronic mode to the Chief Inspector–cum-Facilitator for approval.

8. A certificate of stability signed by a person having the qualifications laid down under Rules shall be submitted on Form-26, before the manufacturing process with the aid of power is begun in the building.

Signature (DSC) of the occupier.....

Date .....

**FORM-26**

[See Rule-103]

**Certificate of stability of a factory or part of a factory  
(To be submitted after completion and before working)**

“I hereby declare that I have personally inspected the spot, examined the plans and specifications of the building described below, the heights of the roofs, the actual materials and method used in its construction and the finished building and satisfied that its construction is such that its stability will be satisfactory when used as a factory for the purpose herein declared and the heights of the roofs conform to the heights shown in the plans. The building is structurally sound and that its/their use as a factory/ part of the factory for the manufacture of ..... for which the machinery, plant etc. installed is intended. The building is safe against various loads, forces and effects due to process to be carried out in the factory or due to natural forces.

**Description of Building**

1. Name and address of the factory .....
2. Name of the occupier.....
3. General type of construction .....
- (a) Full name of signatory (in block letters) .....
- (b) Qualifications.....
- (c) Present occupation .....
- (d) Permanent postal address .....
4. Purpose for which the building is to be used .....
5. Name of room or building for which the certificate is granted giving reference to Plan No .....
6. Nature of manufacturing process to be carried on in the above room/building .....
7. Nature and amount of moving power .....
8. Signature (DSC) .....
9. Date .....

“Note.: The person competent to give the certificate of stability shall possess—

- (i) Degree in Civil or Structural Engineering;
- (ii) A minimum of 5 years’ experience in the design or construction or testing or repair of structures;
- (iii) Knowledge of non-destructive testing, various codes of practices that are current and the effect of the vibrations and natural forces on the stability of the building; and
- (iv) Ability to arrive at a reliable conclusion with regard to the safety of the structure or the building.
- (v) Age of competent person shall not be above the age of 60 years and shall be physically fit for the purposed of carrying out the tests, examination and inspection.

*Provided that no person, except in the case of buildings occupied or erected by any Government where a certificate may be granted by an officer not below the rank of Executive Engineer, shall be authorised to sign a certificate of stability if he is in the full employment of the owner or the builder of the buildings.”*

**FORM-27****[See Rule-108]****(Application for grant of common license as a factory and/or industrial premises for beedi or cigar and/or engagement of contractor Under Occupational Safety, Health and Working Conditions Code, 2020)****For the year.....**

1. Application for license as a factory and/or for engagement of contractor and/or industrial premises for beedi and cigar work: .....
2. Full name of the establishment: .....
3. Postal address the establishment: .....
4. Registration Number provided under section 3: ..... Date.....
5. Haryana Udhya Memorandum (HUM) number: .....
6. Details of Employer:-
  - (a) Name .....
  - (b) Permanent address .....
  - (c) Local address .....
  - (d) Email .....
  - (e) Mobile number .....
7. Full name and address of the owner of the Premises or building (including the precincts thereof) referred to in Section 80: .....
8. Nature of manufacturing process/processes carried on in the factory preceding or to be carried on during the next 12 months: .....
  - a. Core activities in the factory as per section 2(p): .....
  - b. (i) Hazardous process as per section 2(za): .....
  - (ii) No. of workers employed or to be employed on hazardous process .....
  - c. National Industrial Classification (NIC) code: .....
9. Category of the establishment (Major Accident Hazardous / Hazardous / Non-Hazardous):  
.....
10. Names & values of principal products manufactured during the last twelve months:  
.....
11. Sanctioned load/power installed (in KW): .....
12. Details of Workers:-

(a) Maximum number of Workers proposed to be employed:-

- i. Directly: Male.....Female.....Transgender.....Total.....
- ii. Through Contractors: Male.....Female.....Transgender.....Total.....
- iii. Grand Total (i+ii): Male.....Female.....Transgender.....Total.....

(b) Maximum Number Workers employed during last calendar year:

- i. Directly: Male.....Female.....Transgender.....Total.....
- ii. Through Contractors: Male.....Female.....Transgender.....Total.....
- iii. Grand Total (i+ii): Male.....Female.....Transgender.....Total.....

13. Detail of Inter-State Migrant Workers:-

Sr.	Name of the native State	Male Workers	Female Workers	Transgender Workers	Total
1.					
2.					

14. Particulars of the contractors:

Sr. No.	Name & address of Contractor	Nature of work in which contract labour is employed	Estimated date of the commencement of contract work	Estimated date of completion of contract work	Detail of Contract workers			
					Male	Female	Transgender	Total
2.								

15. Particulars of Beedi & Cigar Work (if applicable):

- (a) Whether the employer is a trade mark holder registered under the Trade and Merchandise Marks Act, 1958 .....
- (b) Source of obtaining tobacco .....
- (c) Whether the beedies of 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 .....

16. (a). Detail of approval of plans from Chief Inspector-cum-facilitator for site whether for old or new building and for construction or extension:

Sr. No.	Reference no. of approval	Date of approval
1.		
2.		

**(Note: if approved more than one time, give details of all such approvals in the above table)**

- b. Detail of arrangement made for the disposal of trade waste and effluents and the name of the authority granting such approval: .....
14. Details of fee paid under Rule 85:

S.No	Particular	Amount	Transaction/GR N number	Date
a	Factories			
b	Engagement of contract workers			
c	Industrial premises for beedi and cigar work			

I hereby declare that the particulars given above are true to the best of my knowledge and belief.

Digital signature of Employer



**FORM-28****[See Rule-109]****License For Factory and/or Beedi & Cigar Work and/or Engaging Contract Labour under the Occupational Safety, Health And Working Conditions Code 2020**

License number:

Date of issue:

A license is granted for factories and/or for engaging contract labour and/or industrial premises for beedi and cigar work for the purpose of The Occupational Safety, Health And Working Conditions Code, 2020 and rules made there under. The details are as under:-

1. Name of Employer: .....
2. Name of the Establishment .....
3. Address of the Establishment .....
4. Registration number and date  
(under section 3 of the Code) .....
5. Nature of Manufacturing Process .....
6. Maximum number of Workers .....
7. Sanctioned load/power installed (in KW) .....
8. Reference no. of approval of plans  
Date .....
9. Detail of contractors: Given in Annexure
10. Detail of fees paid: (i) Amount .....
- (ii) Date .....
11. Valid upto .....

Name &amp; Digital Signature of issuing authority

**This license is being issued subject to the conditions specified below:-**

1. The employer shall comply with various provisions as contained under the Occupational Safety, Health and Working Conditions Code, 2020 and rules made there under as amended from time to time.
2. This licence will not provide immunity to any provisions of any other Act/Rules/Regulation.
3. If any infringement of the Code remains unnoticed the department reserves the right to suspend the license when such infringement come to its notice after given as opportunity of being heard and department shall stand indemnified against any claim on this account.
4. The license shall not be exercised by any establishment at any other location.
5. The license shall not be used for any other purpose except the provisions of this Code.
6. The license shall not be transferrable.

**ANNEXURE**

Sr. No	Name & address of Contractor	Nature of work in which contract labour is employed	Estimated date of the commencement of contract work	Estimated date of completion of contract work	Number of Contract workers

### RENEWALS

Date of renewal	Date of expiry	Signature (DSC) of Chief Inspector-cum-Facilitator

### AMENDMENTS

Reasons for Amendment	Date of Amendment	Changed Category	Additional Fees	Signature (DSC) of Chief Inspector-cum-Facilitator

## FORM-29

[See Rule-117(3)]

## RETURN FOR THE MONTH ENDING ON.....

Name of factory.....

Full Postal Address..... District.....

Name of the hazardous process undertaken.....

<b>Number of workers normally employed during the month</b>	<b>Numbers of workers employed in the hazardous manufacturing process</b>	<b>Hours of work per day and per week</b>	<b>Date of examination of the worker engaged in the hazardous manufacturing</b>	<b>Name and address of the examining Medical Officer</b>	<b>Number of workers examined</b>	<b>Number of workers declared fit</b>	<b>Number of worker declared unfit with details</b>	<b>Details of alternative work given to workers who have been declared unfit</b>
1	2	3	4	5	6	7	8	9

Signature (DSC) of the Occupier

## FORM-30

[See Rule-117 and 130]

[Schedule – II, III, IV, V, X, XV, XVI, XVII, XX, XXII, XXIV, XXVI, XXIX, XXX, XXXI &amp; XXXVII]

## HEALTH REGISTER

<b>Sr. No</b>	<b>Department/ Works</b>	<b>Name of workers</b>	<b>Sex</b>	<b>Age at last birthday</b>	<b>Date of employment in present work</b>	<b>Date of living or transfer( with reasons for discharge or transfer</b>	<b>Nature of job or occupation</b>	<b>Raw-material or by products handled and likely to be exposed to</b>	<b>Date of medical examination and the result thereof</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>

<b>Signs and symptoms observed during examination</b>	<b>Nature of tests and results thereof</b>	<b>Result: Fit or Unfit</b>	<b>If declared unfit for work, state period of suspension with reason in detail</b>	<b>Whether certificate of unfitness issued to the worker</b>	<b>Date on which certified fit to resume duty</b>	<b>Signature of Registered Medical Practitioner</b>
<b>11</b>	<b>12</b>	<b>13</b>	<b>14</b>	<b>15</b>	<b>16</b>	<b>17</b>

**FORM-31****[See Rule-117]****[Schedule – II, VI, X, XII, XV, XVI, XVII, XIX, XXIV, XXVI, XXIX, XXX, XXXI & XXXVII]  
CERTIFICATE OFFITNESS**

1. Serial No.....
2. Date.....
3. Name of Factory.....
4. Process of Department .....
5. Name of Worker.....
6. Father's / Husband's Name.....
7. Address.....
8. Date of Birth or Certified Age.....
9. Physical Fitness.....
10. Descriptive Marks.....
11. Whether certificate granted.....
12. Whether declared unfit and certificate refused earlier .....
13. Reason for.....
  - (i) Refusal of Certificate.....
  - (ii) Certificate being revoked.....

I hereby certify that I have personally examined.....son/ daughter of.....residing at.....who is desirous of being employed as.....the factory M/s..... and that his age is or nearly as can be ascertained from my examination is.....years and that he is, in my opinion, fit / unfit for employment work involving in..... (Name of hazardous / non-hazardous process) as an adult worker.

His descriptive marks are:

- i. He is fit to be employed
- ii. He may be produced for further examination after a period of .....
- iii. He has gone undergone following tests/examination:

Sr. No.	Name of test/examination	remarks

- iv. Remarks of Medical Officer.....

Signature of Medical Officer

- 1) The counterfoil should be retained by the Certifying Surgeon and maintained in a bound book or in a file.
- 2) The paragraph which does not apply may be cancelled.

**FORM-32**  
**[See Rule-117]**  
**[Schedule -V, XXX & XXXVII]**  
**TEST REPORT (DUST EXTRACTION SYSTEM)**

- 1. Description of system.....
  
- 2. Hood
  - (a) Serial No. of hood.....
  - (b) Contaminant captured.....
  - (c) Capture velocities.....
  - (points to be specified).
  - Design value..... Actual value.....
  - (d) Volume exhausted at hood.....
  - (e) Hood static pressure.....
  
- 3. Total pressure drop at:
  - (a) Joints.....
  - (b) Other points of system (to be specified).....
  
- 4. Transport velocity in duct at points along ducts (to be specified).
  
- 5. Air Cleaning Device.....
  - (a) Type used.....
  - (b) Velocity at inlet.....
  - (c) Static Pressure at inlet.....
  - (d) Velocity at outlet.....
  - (e) Static pressure at outlet.....
  
- 6. Fan:
  - (a) Type used.....
  - (b) Volume handled.....
  - (c) Static pressure.....
  - (d) Pressure drop at outlet of fan.....
  
- 7. Fan Motor:
  - (a) Type.....
  - (b) Speed and horse power.....

8. Particulars of defects, if any, disclosed during test in any of the above components.....

I certify that on this..... day of..... the above extraction system was thoroughly cleaned and (so far as its construction permits) made accessible for thorough examination.

I further certify that on the said date, I thoroughly examined the above dust extraction system including components and fittings and that the above is true report of any examination.

Signature.....

Qualifications.....

Address.....

**If employed by a company or association, give name and address.**



**FORM-33**

**[See Rule-142(2)]**

**Application under sub-section (1) of section 114 for composition of offence**

To,

The Compounding Officer-cum-

.....  
.....

- 1. Name of applicant .....
- 2. Father's / Husband's name of the applicant.....
- 3. Address of the applicant .....
- 4. Name and Address of establishment in relation to applicant.....
- 5. Particulars of the offence .....
- 6. Section of the Code under which the offence is committed .....
- 7. Maximum fine provided for the offence under the Code.....
- 8. Whether prosecution against the applicant is pending or not .....
- 9. Whether the offence is first offence or the applicant had committed any other offence prior to the offence, if had committed, then, full detail of the offence  
.....  
.....  
.....
- 10. Any other information which the applicant desires to provide  
.....  
.....  
.....

Applicant  
(Name and signature)  
Dated:

**FORM-34****[See Rule-142(8)]****Compounding/Composition Register**

Office of .....

(Address of office)

For the month of .....

(Name of month with year)

S.N	Name and address of person of whom offence compounded	Name and address of establishment in relation to person of whom offence compounded	Date and number of reference of composition/compo unding	Offences which are compounded	Amount of penalty	Date of deposit	Whether appeal preferred	Signature of officer	Remarks
1	2	3	4	5	6	7	8	9	10

(a) Total penalty collected at the end of month:

(b) Details of transfer of amount to fund:

(i) Date:

(ii) Amount:

(iii) Bank details of transfer:

Signature and seal of  
Competent OfficerDr. Raja Sekhar Vundru, IAS  
Additional Chief Secretary to Govt. Haryana  
Labour Department