

	B	Mica	705 mppcm
	c	Mineral wool fibre	10 mg per cubic metres
	d	Porlite	1060 mppcm
	e	Portland cement	1060 mppcm
	f	Soapstone	705 mppcm
	g	Talc (nonbost)	do
	h	Tal(fibrrous)	same as for (a)
	i	Tetomile	do
3.	Coal Dust		
	1.	for airborne dust having not more than 5% silicon dioxide by weight	2 mg per cubic metres
	2.	for airborne dust having more than 5% silicon dioxide by weight	as for item (2) of quartz

TABLE – 3

Substance	Permissible limit of exposure	
	ppm	mg/m ³
Acetic anhydride	5	20
O-Dichlorobenzene	50	300
Formaldehyde	2	3
Hydrogen Chloride	5	7
Manganese & compounds (as Mn)	-	5
Nitrogen dioxide	5	9
Nitroglycerin-skin	0.2	2
Potassium hydroxide	-	2
Sodium hydroxide	-	2
- 2 2, 4, 6 – Trinitrotoluene (TNT)	-	0.5

FORM-1
(See rule-3)

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

Registration

A. Establishment Details.

1. Retrieve details of Establishment from Portal :

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. Contract employees engaged or to be engaged in process:.....
 - d. Total Number of Inter-State Migrant workers employed:.....
5. Type of Establishment (Factory/Beedi Establishment/Plantation Establishment/Construction Establishment/Other Establishment)
6. (a) For factories:

Details of the manufacturing process & Type of Factory	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

6 (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

7. Ownership Type/Sector:
8. Activity as per National Industrial Classification:
9. Details of Selected NIC Code:
10. Date of opening/Start of business:

B. Details of Employer:—

1. Name & Address of Employer / Occupier / Owner:
2. Designation:
3. Father's/ Husband's Name of the Employer:
4. email Address, Telephone & Mobile No:

C. Manager/Agent Details

1. Full name & Address of Manager/ Agent or person responsible for supervision and control of the Establishment
2. Address of Manager/Agent:
3. Email Address, Telephone& Mobile No :
4. Date on which the person assumed charge as Manager

E. 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:—

Date-
Place;-

Signature/ E- sign/digital sign of employer

Form-2
{See rule 5}

Notice of Commencement of Establishment

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

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

Form 2A
{See rule 5}

Notice of Cessation of Work of Establishment

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

Kindly deregister for the purpose of this code.

Signature of the Employer

To,
The Inspector-*cum*-Facilitator

Form-3
{See rule-6(2)}
Health Register

Sl. No.	Name of Employee	Date of Employment	Age	Gender	Nature of Job	Date of Medical Examination	Results of Medical examination	Signature of the qualified medical Practitioner	Signature of Employer

Form 4
{See rule-7}

For Appointment Letter

1. Name of the Establishment;.....
2. Name of the Employee and Father/Mother's Name.....
3. Date of birth.....
4. Permanent Address of the employee.....
5. Post for which appointment is made

6. Nature of Work.....
(hazardous/Nonhazardous/Clerical/Supervisory/Managerial)
7. Details of wages and perks.....
8. Nature of Appointment (permanent/temporary/Contract)
9. Period of Appointment
10. Employee distinct no. or code.....
11. Category of skill.....
12. Aadhar No.....

Signature
Name and Designation of Appointing Officer

Form-5
{See rule-8(1) & 8(2)}

Notice of Accident Resulting in death or bodily injury

1. Name of the employer
2. Name and address of the establishment where accident took place?
3. Nature of activity being carried in establishment
4. (a) Branch or Department and exact place where the accident took place.
(b) Details of contractor, if any
5. Died/Injured person's
 - (a) Name
 - (b) Address
 - (c) Gender
 - (d) Age (last birthday)
 - (e) Occupation and designation
 - (f) Whether local or Inter-State
 - (g) Whether employee or out-sider
6. Date and time of accident
7. Describe briefly how the accident occurred
8. Nature and extent of injuries

9. In case the accident took place while travelling in employer's transport state whether;
- the injured person was travelling as a passenger to or from his place of work.
 - the injured person was travelling with the express or implied permission of the employer.
 - the transport is being operated by or on the behalf of the employer or some other person by whom it is provided in pursuance of arrangement made with employer, and
 - the vehicle being/not being operated in the ordinary course of public transport service.
10. In case the accident took place while meeting emergency, state
- its nature
 - whether the injured person at the time of accident was employed for the purpose of and in connection with employer's trade or business.
11. Name and addresses of witnesses

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

Signature of employer

Form-6
{See rule-8(3)}
Notice of Dangerous Occurrence

- Name of the employer
- Name and address of the establishment where dangerous occurrence took place?
- Nature of activity being carried in the establishment
- Branch or Department and exact place where the dangerous occurrence took place.
 - Details of contractor, if any
- Date and time of dangerous occurrence
- Describe briefly how occurred
- Details of person/property/fauna-flora affected due to this occurrence
- Name and addresses of witnesses

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

Signature of Employer

Form-7
{See rule-9}
Notice of Disease

1. Name of Establishment
2. Address of Establishment
3. Address of employer
4. Nature of activity being carried out
5. Particulars of worker/employee
 - (a) Name
 - (b) Address
 - (c) Gender
 - (d) Age
6. Precise occupation of worker/employee
7. Nature of disease from which worker/employee is suffering

Signature of employer or Qualified Medical Practitioner

Form - 8
{See rule-18(1)}
Notice prescribed under Sections 31 rule 18(1)

Name of factory under which it is registered/proposed to be registered.....place.....district

Group	Nature of work of each group	Number of workers employed in each group		Relay or set of workers	Shift or period of work
		Permanent	Temporary		
1	2	3	4	5	6

Tuesday					Saturday									
Men	Wo men	Men	Wo men	Men	Wo men	Men	Wo men	Men	Wo men	Men	Wo men	Men	Wo men	
7	8	9	10	11	12	13	14	15	16	17	18	19	20	

Form 9

{See rule-19(1)}

**Register of Workers employed in an Establishment, Wages, Overtime,
Fine Deduction for Damage or Loss**

Name of the Establishment:

Name of the Employer:

Name of the Owner:

PAN/TAN of the Employer:

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

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

Dangerous occurrences and employment of adolescent.

Form -10

{See rule-19(2)}

Leave and wages register

1.	Name of employee	
2.	Number in Adult/Adolescent Register	
3.	Date of joining	
4.	Wage rate	
5.	Date of resignation/superannuation/dismissal/death/etc.	
6.	Total number of days worked during the calendar year	
7.	Leaves earned during the year	

8.	Balance of leaves from previous year	
9.	Total number at credit in the end of year	
10.	Leaves enjoyed during the year	
11.	Leaves encashed during the year	
12.	Balance leaves at the end of the year	
13.	remarks	

Annual Return

FORM NO. 11
{See rule-21}
Year ending 31st December, 20...

1. Registration Certificate and Licence number
2. Name of the factory/ Establishment.....
3. Name the occupier/Employer.....
4. Name the manager.....since.....
5. District.....
6. Postal address, email-address and mobile no.....
7. Nature of industry (General/Hazardous/MAH).....
8. Main product of the factory.....
9. (i) Average number of employees employed daily.....
- (ii) Average number of workers [Section 2(1)(zzl)] employed daily.....

	Employees directly Employed by, occupier	Employees directly Employed by the contractor	Total average	Total number of apprentice	Total number of other apprentice
Men					
Women					
Adolescent					
Total					

10. Name, address and email- address of the contractor (s).....
11. (i) Normal hours worked per week for Male Worker.....

Woman Worker.....

Other Apprentices.....

(ii) Total normal Man hour worked under section 25.....

(Explanation; Man hour includes work done by workers)

12. Number of days worked in the year.....

13. What rest for intervals were given to the workers (half an hour or one hour or two hour or others)

14. Whether first day of week was substituted as weekly holidays ?

.....Such numbers.....

15. Was the factory or part of factory engaged in continuous process.....

16. Over time (section 27

(i) Total Man hour worked during the period under section 27.....

17. Average number of woman employees engaged in a shift or part thereof (Between 7 PM to 6 AM)

(i) Between 7 PM to 10 PM.....

(ii) 10 PM to 6 AM.....

18. *Compensatory Holidays*

(i) Number of workers exempted from Section 26 of the code.....

(ii) Number of workers, who received holidays in the—

(a) Same month.....

(b) Following month.....

(c) Third month.....

19. *Leave with Wages(section 32)*

(i) Total number of persons employed during the year

(ii) Number of workers who are entitled to leave with wages during the year preceding the year for which this return is submitted

(iii) Number of workers who are entitled to leave with wages during the year for which this return is submitted

(iv) Number of workers who were granted leave during the preceding year.....

(v) Number of workers who were granted leave during the year for which the return is submitted

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

*(Column 26). If the columns are insufficient for giving details, a separate sheet may be attached and detailed information submitted. Enter "Nil" against the column which is not applicable to your factory.

27. CRECHE

(For establishment ordinarily employing more than 50 workers)

27A. Is a creche room provided/arranged in compliance with the of provisions of the Code and rules framed thereunder? Provide Details [Section 24(3)].....

SHELTERS, REST ROOMS OR LUNCH ROOMS

(For establishment ordinarily employing more than 50 workers)

*28. Is a shelter, rest-room or lunch room provided in compliance with section 24(2)(iii) and rules framed thereunder in addition to a canteen?

Average daily attendance of workers of shelter, rest room or lunch room	Details of facilities provided for drinking water	Details of accommodation, furniture and other equipments provided	General remarks
1	2	3	4

*(Column 27)-If the columns are insufficient for giving full details, a separate sheet may be attached and detailed information submitted. (ii) Enter "Nil" against the column which is not applicable to your factory.

29. Accidents

"Fatal and non-fatal accidents"

1			2	3	4								
Total number of accidents of dangerous occurrences during the year			Number of persons killed	Number of persons injured	Non-fatal accidents in which the workers returned to work during the year								
					<i>Occurring during the year</i>			<i>Occurring during the previous year</i>					
fatal	Non fatal	Dangerous occurrence without injury			<i>Number of accidents</i>	<i>Number of persons injured</i>	<i>Number of mandays lost on account of absence</i>	<i>Number of accidents</i>	<i>Number of persons injured</i>	<i>Number of mandays lost on account of absence</i>			

Total no. of fatal accidents in preceding year of this return period.....	
[I/We certify that information given by me/us is true and correct to the best of my/our knowledge].	
[The employer of every establishment shall furnish to Inspector-cum-Facilitator of region on or before 15 th of January of each year an annual return in the form set forth for it.	
Signature of Occupier.....	Signature of Manager.....
Dated.....	

Form 12

[See rules 32 and 49 (G)(1)]

Application for licence**On Line Application for License/Renewal of License/Amendment of License
(including Common/Single License)**

1. Application for license—
 - (a) as a factory
 - (b) for engagement of contractor
 - (c) Industrial premises for beedi and cigar work
2. Full name and postal address of the establishment
3. Details of person who will be occupier/principal employer/contractor
 - (a) Name
 - (b) Permanent address
 - (c) Local address
 - (d) Email
 - (e) Mobile number
4. Full name and address of the owner of the Premises or building
(including the percents thereof)
5. Core activity to be under-taken along with details of hazardous substances as per section 2(za) of the Code.
6. National Industrial Code
7. (a) Total Number Workers to be employed in the period of license
(b) Total Number Workers were employed during last calendar year
8. Particulars of Contract Labour:

- (a) Nature of work in which contract labour is employed or to be employed:
- (b) Maximum number of contract labour to be Employed on any day:
- (c) Number of Inter-State Migrants (Fill details in Form no. 5 as mentioned in rule 6)
- (d) Estimated date of commencement of each Contract work under each contractor:
- (e) Estimated date of termination of employment of contract labour under each contractor:
9. Power:
Connected or proposed to be connected (in KW)
10. Furnish Reference:
- (a) approval of plans
- (b) stability certificate
- (c) disposal of trade waste/effluents/hazardous waste/e-waste/biomedical waste (which is applicable)
11. Details of fee

Sl. No	Particular	Amount	Date
a	Factory		
b	Engagement of contractor		
c	Industrial premises		
d	Registration Certificate		

DSC of Employer/Occupier

APPLICATION FOR RENEWAL OF CONTRACT LABOUR LICENCE

1. Licence No. Date :
2. LIN & PAN
3. Name and address of the establishment :
4. Date of expiry of previous licence :
5. Whether the licence of the employer/contractor was suspended or revoked :
6. Details of Fees paid : (Enclose e-payment receipt) : Amount.....
date of payment :

E-sign/digital sign of the employer/contractor
Date of Application

APPLICATION FOR AMENDMENT OF CONTRACT LABOUR LICENCE :

1. Licence No. Date:
2. LIN & PAN

3. Name and address of the establishment :
4. Details for which amendment is sought :
 - (a) Maximum number of worker presently employed : (If there is increase in the maximum number of workers to be employed, then additional fees/security deposit as per law needs to be deposited :
 - (b) Details of fees paid through e payment date on which made :
 - (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.**

APPLICATION FOR AMENDMENT OF FACTORY LICENCE :

- (a) Change of name of factory
- (b) Change in name of occupier
- (c) Change in name of factory manager
- (d) Change in address of premises
- (e) Increase or decrease in number of workers
- (f) Increased or decrease in horsepower
- (g) Such particulars referred in licence application form
- (h) Change in name of occupier
- (i) Change in name of factory manager
- (j) Change in address of premises
- (k) Increase or decrease in number of workers
- (l) Increase or decrease in horsepower
- (m) Such particulars referred in lincence application form

**E-sign/digital sign of the Occupier
Date of application.**

Form 13
{See rule 33 and 49(G)(2)}

Common License For Factory/Beedi & Cigar Work/Engaging Contract Labour
Government of Himachal Pradesh

Office of designated authority under section 119 of The Occupational Safety, Health And Working Conditions Code 2020

License number:

Date of issue:

A license is granted to Shri.....(Name of Occupier) of establishment M/S_____ registered under the section-3 of the Code having registration number_____ as below;

- A. To run as a factory in which manufacturing process _____ shall be carried by employing not more than_____ workers and power not more than____KW for the purpose of The Occupational Safety,Health And Working Conditions Code 2020 and rules made there-under and whose plans are approved by Chief Inspector-cum-Facilitator vide number_____ date .

This license will remain in force from_____ till_____

Fee_____ Date of deposit_____

- B. Engagement of contract workers subject to the conditions annexed to this license as given below;

Fee Date of deposit.....

1	Maximum number of workers to be employed as contract labour	
2	Nature of activity for which contract labour shall be engaged	

- C. To use as a industrial premises to carry work of beedi or cigar by employing not more than_____ workers for the purpose of The Occupational Safety, Health And Working Conditions Code 2020 and rules made there-under and whose plans are approved by Chief Inspector-cum-Facilitator vide number_____ date.

This license will remain in force from_____ till_____

Fee_____ date of deposit_____

AMENDMENTS

Sl. No.	Year when amended	Maximum number of contract workers on any one day	Date of payment of amendment fee	Date of Payment	Signature of Issuing Authority

Sl. No.	Change of name of factory	Change of name of occupier	Change of name of Factory Manager	Change of address of premises	Change in workers	Change in horsepower	Such particulars referred in licence application

**Name and Digital Signature Certificate of designate
Date**

**Form 14
[See rule 49]**

**Application for Permission to Construct/Addition/Alteration/Erection/Take into use any
premises as a factory**

I hereby submit the application for [construction/addition/alteration/erection/take into use
[[tick which applicable] any premises as a factory as below;

1. (a) Name of the applicant
- (b) Address of the applicant
- (c) Applicant's calling in relation to factory
2. Full name of the factory
3. Location of factory
 - (A) Name of Village/City, Tehsil & Distt.
 - (B) If in village then Khasra Numbers
 - (C) If in city then Street/Mohalla/Colony/Bazaar/Road/ward number
 - (D) If in industrial focal point/industrial park then plot number
 - (E) If above or below the ground level then floor on which it is situated

Signature of the applicant

**Form 15
{See rule 49C}(1)}**

Stability Certificate

1. Name of the factory

2. Address of factory
3. Name of occupier of the factory
4. Nature of manufacturing process to be carried on in the factory
5. Number of floors of the factory

I certify that I have inspected the building/buildings, the plans of which have been approved by the Chief Inspector-*cum*-facilitator vide letter No-----date----- 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 the building/buildings which has/have been constructed/reconstructed/extended/taken into use is/are in accordance with the plans approved by the Chief Inspector *vide* his letter mentioned above, that it/they is/are 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.

Signature of competent person and date _____

Name of competent person _____

Address of competent person _____

Form 16
{See rule 52(3)(ii)}
Application for the Site Appraisal Committee

1. Name and address of the applicant :
2. Site Ownership Data :

Revenue details of the site such as Survey No., Plot No.

Whether the proposed site attracts the provisions of section 3 of Environments Protection Act, 1986, if so, the nature of the restrictions ; and Local authority under whose jurisdiction the site is located.

3. Site Plan :

- (a) Site plan with clear identification of boundaries and total area proposed to be occupied and showing details nearby the proposed site;
- (b) Name of adjoining manufacturing units and human habits, educational and training institutions, petrol installations, storages liquified Petroleum Gas and other hazardous substances, if any, *within one kilometer from the proposed unit*;
- (c) Water sources (rivers, streams, canal dams, water filtration plants) in the vicinity;
- (d) Nearest hospitals, Fire-stations, Civil Defence Stations and Police Station and their distances;

- (e) Details of high tension electrical transmission lines, pipelines for oil, gas, sewerage, if any, passing through the site ;
- (f) Location of railway stations, railway lines, Scheduled road, bye- pass, if any, near the site; and
- (g) Plot Plan of the factory, showing entry and, exit points, roads.

4. Project Report :

A summary of the salient features of Project ;

- (a) Maximum number of persons likely to be working in the factory;
- (b) Maximum amount of power and requirements and source of supply ;
- (c) Block diagrams of the buildings *installations, in the proposed project* ; and
- (d) Details of housing colony, hospital, school and other infrastructural facilities proposed.

5. Organisational structure of the proposed manufacturing unit/ factory:

- (a) Person responsible for protection of safety, health and environment;
- (b) Proposed health and safety policy of the proposed enterprise.

6. Manufacturing Process Information:

- (a) Process flow diagrams;
- (b) Brief write up on process and technology;
- (c) Critical Process parameters such as pressure buildup, temperature rise and run-away reaction;
- (d) Other external effects critical to the process having safety implications such as ingress of moisture or water, contact with incompatible substances sudden power failure ; and
- (e) High lights of the built-in-safety/pollution control devices or measures incorporated in the manufacturing technology.

7. Information of Hazardous Materials:

- (a) Raw materials, intermediates, products and bye-products and their quantities (enclose Material Safety Data Sheet in respect of each hazardous substance);
- (b) Main and intermediate storages proposed for raw material/ intermediates/products/ Bye-Products (maximum quantities to be stored at any time); and
- (c) Transportation methods to be used for materials in flow and out flow, their quantities to be stored at anytime.

8. Safety measures proposed for:

- (a) Handling of materials;
- (b) Internal and external transportation; and
- (c) Disposal (packing and forwarding of finished products).

9. Information or Dispersal/Disposal of wastes and pollutants:

- (a) Major Pollutants (gas, liquids, solid) their characteristics and quantities (average and at peakloads);
- (b) Quality and quantity of solid wastes generated, methods of their treatment and disposal; and
- (c) Air, Water and Soil Pollution problems anticipated and the proposed measures to control the same, including treatment and disposal of effluents.

10. Process Hazards Information:

- (a) Enclose a copy of the report on environmental impact assessment;
- (b) Enclose a copy of the report on Risk Assessment Study; and
- (c) Publish (open or classified) reports, if any, on accident situation/ occupational health hazards or similar plants (within or outside the country).

11. Information of proposed Safety and Occupational Health Measure:

- (a) Details of fire-fighting facilities and minimum quantity of water carbon-dioxide and other fire-fighting measures needed to meet the emergencies; and
- (b) Details of in-house medical facilities proposed.

12. Information on Emergency preparedness:

- (a) On Site Emergency Plan ; and
- (b) Proposed arrangements, if any, for mutual aid scheme with the group of neighbouring factories.

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

Date :

Signature
Designation

Form 17
{See rule 56(1)(iii)}
Health Register

1.	Sl. No.
2.	Department/Works

3.	Name of Worker
4.	Sex
5.	Age (at last birthday)
6.	Date of employment on present work
7.	Date of leaving or transfer to other work with reasons for discharge or transfer
8.	Nature of job or occupation
9.	Raw materials, products or by-products likely to be exposed to
10.	Dates
11.	Result Fit or Unfit
12.	Signs and symptoms observed during examination
13.	Nature of tests and results thereof
14.	If declared unfit for work, state period of suspension with reasons in details
15.	Whether certificate of unfitness issued to the workers
16.	Re-certified fit to resume duty on
17.	Signature of the Certifying Surgeon with date

Form 18
{See rule 56(2)}
Certificate of Fitness

1. 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 Factory Medical Officer:
Date :

Form-19
{See rule 71 (6)}
Application for grant of competency to a person

1. Name
2. Date of birth
3. Name of the organization (if self-employed)
4. Educational qualifications (copies of testimonials to be attached)
5. Details of professional experience

Name of the Organization	Period of service	designation	Area of Responsibility

6. memberships, if any, of professional bodies
7. (i) Details of facilities (examination, testing etc.)
(ii) Arrangements of calibrating and maintaining the accuracy of these facilities)
8. purpose for which competency certificate sought (specify the section of the Code)
9. whether the applicant has been declared as a competent person under any other state or statute (if so furnish details)
10. any other relevant information

I----- hereby declare that the information furnished above is true.

I undertake

- (a) That in the event of any change in facilities at my disposal (either addition or deletion) I will promptly inform the Chief Inspector-cum-Facilitator.
- (b) to maintain the facilities in good working order calibrating periodically as per manufacturer's instructions or as per National standards; and
- (c) to fulfill and abide by all conditions stipulated in the certificate of competency and instructions issued by Chief Inspector-cum-Facilitator from time to time.

Place
Date

Signature

Form 20

{See rule 71(6) }

Application for grant of competency to an institution

1. Name and full address of the organization
2. oOrganization's status (specify whether Individual, Government, autonomous, co-operative, corporate orprivate).
3. purpose for which competency certificate sought (specify the section of the Code)
4. whether the organization has been declared as a competent person under any other statute(if so furnish details)

5. Particulars of persons employed and possessing qualification and experience

S.No.	Name and designation	Qualification	Experience	Section(s)/rule(s) Under which person's competency sought

6. Details of facilities and arrangements made for their maintenance and calibration periodically.

7. any other relevant information

8. Undertaking

I ----- certify that shri----- whose details are furnished above, is in our employment and nominate on the behalf of organization for the purpose of being declared as competent person under the Code; I also undertake that I will—

- Notify to the Chief Inspector-*cum*-Facilitator in case the competent person leaves our institution.
- To maintain the facilities in good working order calibrating periodically as per manufacturer's instructions or as per National standards;
- notify to Chief Inspector-*cum*-Facilitator any change in facilities(either addition or deletion); and
- to fulfill and abide by all conditions stipulated in the certificate of competency and instructions issued by Chief Inspector of Factories from time to time.

I----- hereby declare that the information furnished above are correct to the best of my knowledge

Date
Place

Signature
Head of Institution
Mobile number
Email

Form 21
{See rule (71)(8)}

Certificate of competency issued to a person or an institution

I ----- in exercise the power conferred on me under section 2(1) of The Occupational Safety, Health And Working Conditions Code 2020 and the rules made there under, hereby recognize shri----- (if employed in Name of institution) ----- to be Competent person for the purpose of carrying tests, examinations, inspections and certification for such **buildings or dangerous machinery, lifts, tackles, pressure**

plants, confined space, ventilation or plant and equipment as the case may be in an establishment located in state of Himachal Pradesh under section [_____] of the Code and the rules made there under.

This certificate is valid from _____ to _____

This certificate is subject to the following conditions as stipulated there under.—

1. Tests, examinations and inspections shall be carried out in accordance with the provisions of Code and the rules made there under.
2. Tests, examinations, inspections shall be carried out under the direct supervision of competent person
3. The certificate of competency shall stand cancelled if the person declared competent leaves the institution.
4. Competent person or institution shall submit reports as per provisions of the Code
5. Any other condition Chief Inspector-*cum*-Facilitator may think fit

Place official seal signature
Date

Chief Inspector-*cum*-Facilitator,
Himachal Pradesh

By order,

R.D. DHIMAN,
Adl. Chief Secretary (Lab. & Emp.).

CHANGE OF NAME

I, Anil Kumar s/o Sh. Raj Kumar, r/o V.P.O. Bagdhar, Tehsil Dalhousie, District Chamba (H.P.) declare that I have changed my name from Anil to Anil Kumar.

ANIL KUMAR,
s/o Sh. Raj Kumar,
r/o V.P.O. Bagdhar, Tehsil Dalhousie,
District Chamba (H.P.).