FORM-I

[See sub-rule (1) and sub-rule (10) of Rule 6]

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

Α.	Fetah	lishment	Details	
Α.	rsian	usument	Details	

- 1. Retrieve details of Establishment through LIN/registration No. :
- 2. Name of Establishment:
- 3. Location and Address of the Establishment:
- 4. Others details of Establishmentô
 - a. Total number of employees engaged directly in the establishment:

Male: Female:

b. Total number of the contract employees engaged:

Male: Female:

c. Total number of Inter-State Migrant workers employed:

Male: Female:

5 (a) For factories:

Details of the	Full postal address	Name and	Maximum			
manufacturing	and situation of	address of the	number of			
process	the factory along	occupier and	workers to be			
	with plan approval	manager	employed on			
	details		any day			
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5 (b) For b	5 (b) For building and other construction work:					

5 (b) For building and other construction work:

Type of	Probable	Expected period	Details of
construction	period of commen-	for completion	approval of
work	cement of work	of work	the local
			authority
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5 (c) For Motor Transport Undertaking:

Name of Motor	Type of Transport	Maximum	Maximum number of		er of	
Transport	(Freight/passenger	number of	workers engaged		f	
Undertaking	services)	vehicle	Permanent		Contract	
		attached	Male	Female	Male	Female
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- 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 and Address of Employer/Occupier/Owner/Agent/Chief Executive etc. :
- 2. Designation:
- 3. Father: s/husband on name of the employer:
- 4. Email Address, Telephone and Mobile No.:

C. Manager/Agent Details:

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

D. Contractor Details :

Name and	Email address,	Name of	Maximum No.	Date of
Address of	PAN No. &	Work	of contract	commencement/
Contractor	Mobile No.		labour	probable date
	of Contractor		engaged	of completion of
				work
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E. Others Details:

Dated:

Place : Signature/E-sign/digital sign of employer.

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FORM I-A

[See sub-rule (9) of rule 56]

APPLICATION FOR REGISTRATION AND GRANT OF RENEWAL OF LICENCE FOR THE YEAR AND NOTICE OF OCCUPATION

	Full name of the factory: Factory licence number, if already registered before:					
2. (a)	Full postal address and situation of the factory:					
(b)	Full postal address to which communications relating to factory should be sent :					
3.	Nature of manufacturing process or processesô					
(;	a) carried on in the factory in the last twelve months (in the case of factories already in existence); and:					
(1	b) to be carried on in the factory during the next twelve months (in the case of all the factories):					
4.	Names and values of principal Name Value products manufactured during 1					
5. (a)	Maximum number of workers proposed to be employed in any one day during the year :					
(b)	Maximum number of workers employed on any one day during the last twelve months (in the case of factories already in existence) :					
(c)	Number of workers to be ordinarily employed in the factory :					
6. (a)	Nature and total amount of power (kilowatts)ô					
	(i) installed; or :					
	(ii) proposed to be installed. :					

- (b) Maximum amount of power (kilowatts) proposed to be used:
- 7. Full name and residential address of the person who shall be the manager of the factory for the purposes of the Code:
- 8. Full name and residential address of the occupier, that isô
 - (a) the proprietor of the factory in case of a private firm or proprietary concern;

(b)	the directors in case of	1
	a public limited liability	2
	company or firm	3
		4
		5

(c)(i) the managing agent in case where a managing agent is employed :

1.

3.

4.

- (e) the chief administrative head in case of a Government or local fund factory:

where no managing agent

is employed; or:

(ii) the directors of the

- 9. Full name and address of the owner of the premises or building (including the precincts thereof) referred to in section 80. :
- 10. In the case of a factory constructed or extended after the date of commencement of the rulesô
 - (a) reference number and date
 of approval of the plans
 for site whether for old or new
 building and for construction or
 extension of factory by the
 State/UT Government/Chief
 Inspector; and

(b) reference number and date of approval of the arrangements, if any, made for the disposal of trade waste and effluents and the name of the authority granting such approval:

Signature of Occupier :

Date :

Signature of Manager :

Date :

FORM-II

[See sub-rule (4) of rule 6]

Certificate of Registration of Establishment

Registrati	on No. :	Date :
hereby granted	cate of registration containing under sub-section (2) of section rking Conditions Code, 2020 (n 3 of the Occupational Safety,
	ure of work carried on in mark)ô	the establishment (Please
(a)	Factory;	
(b)	Contract Work;	
(c)	Building and other Construc	tion Works;
(d)	Any other work (not covere	ed above).
2. Deta	ails of the establishment :	
a.	Total number of the employestablishment:	yees engaged directly in the
	Male:	Female:
b.	Total number of the em	
	Male:	Female:
c.	Total number of contractors	and their details:
	Male:	Female:
d.	Number of inter-state migra	nt workers engaged:
	Male:	Female:

3 (a) For factories:

Details of the	Full postal address	Name and address	Maximum
manufacturing	and situation of	of the occupier	number of
process	the factory along	and manager	workers to be
	with plan approval		employed on
	details		any day
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3 (b) For	huilding and other c	construction work ·	

3 (b) For building and other construction work:

Type of	Probable	Expected period	Details of
construction	period of commen-	for completion	approval of
work	cement of work	of work	the local
			authority
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3 (c) For Motor Transport Undertaking:

Name of Motor	Type of Transport	Maximum	Maximum number of			er of
Transport	(Freight/passenger	number of	workers engaged			1
Undertaking	services)	vehicle	Perm	anent	Con	tract
		attached	Male	Female	Male	Female
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1	2	3			4	
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4. Amount of registration fee paidí ...

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

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			[See sub-rule (12) of rule 6]	2) of rule 6]			
			Register of Establishment	ablishment			
S. No	S. Nature of No. work	Registration No. and Date	Name and address, location of the establishment registered	Name, address and contact details of employer	Total number of workers of and total horse power (if any)	Total number Ren of contract workers	Ren
					Male Female Male Female	Male Female	
-	2	8	4	5	9	7	. ~
(a)	(a) Factories						
9	(b) Building and other construction work						
<u>S</u>	(c) Contract work						
p)	(d) Inter-state Migrant Work	t					
(e)	(e) Motor Transport Undertaking						
(f)	(f) Any other work						

FORM-IV

[See sub-rule (13) of rule 6 and rule 8]

Δ	Notice	of C	'ammencement	C	essation	Λf	Establishment	•
л.	110116	VI C	, O I I I I I I C I I C C I I C I I L	/ L /	CSSALIUII	vi	Datablishinent	

- 1. Registration No.:
- 2. Name and Address of Establishment:
- 3. Name and 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 in	timate that the wor	:k	of	es	tat	olis	shr	nent having
registration N	Vo							
dated	is likely to co	mr	ne	nce	e/c	ess	sati	ion is likely
to be complete	d with effect fromí	í	í	í	í	í	í	
(date)/on								(date)

In case of cessation of work:

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

Signature of the Employer

To

The Inspector-cum-Facilitator

(See rule 9)

A. Demographics:

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

Question	Answer	Remarks
Date:		
Name of the Worker:		
Age:		
Permanent Address:		
Gender:		
Total Number of family Members	:	
Total monthly family Income:		
Is the employee under ESI (Employeesø State Insurance) Scheme ? If yes, provide IP Number.	Yes/No	
Is the employee under any other health scheme apart from ESI- Scheme? (If yes, provide the name of the scheme)	Yes/No	
B. Occupational History:		
Question	Answer	Remarks
Present Designation :		
Work Profile:		
Duration of service in the present	work profile :	
Working hours per shift:		

Night Shift per Month:

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

or currently under treatn	nent or currently s	uffering fro
Question	Answer (Yes/No)	Remarks
Anaemia		
Jaundice		
Asthma		
COPD		
History of any other Lung Disease (If Yes, Please Specify)		
Vertigo/Dizziness		
Diabetes Mellitus		
Hypertension		
Any Cancer (If Yes, Please Specify the Cancer)		
Chronic Low Back Pain		
Chronic Pain in hand or elbow		
Hernia		
Hydrocele		
Varicose Vein		
Haemorrhoids		

(If Yes, please specify)
Dermatitis (If Yes, specify Site)

History of amputation/fracture/ dislocation injury during work

Hearing Impairment

Visual Impairment

Question

Answer (Yes/No)

Remarks

Any major illness requiring hospitalization in last 1 year (If Yes, Name of the Disease)

Occupational Injury in Last 1 year : if yes, specify the location of injury and frequency

D. Current Symptoms-Diseases Module:

Smoking habit

Chewing Tobacco or Pan Masala or Gutkha:

Alcohol Addiction

Dermatosis (Irritant Contact Dermatitis/Eczema/Chloracne/ Allergic Contact Dermatitis):

Mucosal Irritation of Eyes/Nose/ Throat with response to chemical agent or biological agent:

Symptoms like Respiratory Difficulty/ Chest Tightness/Dry Cough at beginning of shift:

Currently suffering from TB:

Jaundice or Hepatitis:

Currently suffering from Low Back Pain

Currently suffering from Pain in hand or Elbow:

Currently suffering from Visual Problems

Currently suffering from Hearing Problems

Any current injury (amputation/fracture/dislocation)

Any current musculoskeletal sprains/strains

E. Physical Examination:

D (c	T-1	•	. •	
Date	OT.	Exam	เทล	tion	•

er (Yes/No) appropriate	Remarks
	. Adda ah dha

- Routine Blood Investigation: Attach the photocopy of the report.
- Blood Grouping and Rh Typing and HB Electrophoresis once in a life time:

Parameter	Answer (Normal/Increase/Decrease)	Value
Hb%:		
Total WBC Count and Differential C		
Platelet Count:		
ESR:		
FBS:		

IIDO.		
HBA1C leve	1	
BUN:		
Creatinine:		
Total Protein		
Albumin		
Globulin		
SGOT		
SGPT		
Bilirubin		
Urine RE		
Urine ME		
Prostate Spe	cific Antigen (PSA)	
	dard Chest X-Ray (PA) View: att ne report	ach the photocopy
Parameter	Answer (Normal/Abnormal)	Value (if any, importance)
Report óóóóóóóóóóóó	óóóóóóóóóóóóóóóóóóóóóóóóóóóóóóóóó	o
Report:		
H. Eye Date	Examination: Attach the photocop	y of the report
Parameter	Value/	Result/Interpretation
-	tion of Eye for any ike corneal opacity/scaring,	
Visual Acuity	: Right	
·	-	
Visual Acuity	: Leit	

Field of Vision

Binocularity

Lateral Phoria

Vertical Phoria

Stereoscopic Vision and Depth

Perception Testing

Fundus (Retina) examination

I. 12 lead ECG and Echo cardiography:

Final Report:

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

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

As applicable to all employees

- 2. Special Examinationô
 - (a) Cardiovascular:

Uncontrolled hypertension or ischemic heart disease will be a contra-indication. In the presence of hypertension and abnormal ECG findings, the employee should be referred to a Cardiologist for fitness;

- (b) Tests for Labyrinthine functions and for sense of position Eye Examination for Bilateral Nystagmus, Romberg sign. The presence of bilateral nystagmus and a positive Romberg sign will be an absolute contra-indication:
- (c) Neurological examination Evaluate seizure disorders : CT Scan of Brain and E. E. G, if indicated;
- (d) Assessment of Diabetic Control Status : (in case of employees suffering from Diabetes Mellitus) ;
- (e) Assessment of Phobia (Acrophobia) and any other Mental Health Disorder like Anxiety or Depression;
- (f) Evaluation for Vertigo and Dizziness.

Walking freely over a horizontal bar at 1 ft. height: PASS/FAIL Wearing a safety belt and tying the rope knot: PASS/FAIL.

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

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

FORM-VI

[See sub-rule (1), sub-rule (2) and sub-rule (3) of rule 11]

NOTICE OF ACCIDENT OR DANGEROUS OCCURRENCE

- E. S. I. C. Employer & 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/ registration No. of the establishment
 - 4. Branch or department and exact place where the accident or dangerous occurrence took place:
 - 5. Name and address of the injured person
 - 6. (a) Sex :
 - (b) Age (at the last birthday)
 - (c) Occupation of the injured person
 - 7. Local E. S. I. C. Office to which the injured person is attached
 - 8. Date, shift and hour of accident or dangerous occurrence :
 - 9. (a) Hour at which the injured person started work on the day of accident or dangerous occurrence
 - (b) Whether wages in full or part are payable to him for the day of the accident or dangerous occurrence

:

- 10. (a) Cause or nature of accident or dangerous occurrence
 - (b) If caused by machineryô
 - (i) Give the name of machine and the part causing the accident or dangerous occurrence
 - (ii) State whether it was moved by mechanical power at the time of accident or dangerous occurrence
 - (c) State exactly what the injured person was doing at the time of accident or dangerous occurrence
 - (d) In your opinion, was the injured person at the time of accident or dangerous occurrenceô
 - (i) acting in contravention of provisions of any law applicable to him; or
 - (ii) acting in contravention of any orders given by or on behalf of his employer; or
 - (iii) acting without instructions from his employer.
 - (e) In case reply to (d) (i), (ii) or (iii) is in the affirmative, state whether the act was done for the purpose of and in connection with the employer strade or business

- 11. In case the accident or dangerous occurrence took place while travelling in the employer¢s transport, state whetherô
 - (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, stateô
 - (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 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
- 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 bysepsis, etc.)
 - (b) Location of injury (e. g. right leg, left hand, left eye, etc.)
- 16. (a) If the accident or dangerous occurrence was not fatal, state whether the injured person was disabled for more than 48 hours
 - (b) date and hour of return of work
- 17. (a) Physician, dispensary or hospital from whom or which the injured person received or is receiving treatment
 - (b) Name of dispensary/panel doctor elected by the injured person
- 18. (a) Has the injured person died?:
 - (b) If so, date of death :

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

Date of dispatch of report:

Place:

Signature, Name and Designation of Owner/Employer/ Manager/ Agent.

FORM-VII

(See Rule 21)

Notice of Period of Work

Name of										í í
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Periods	Me		<u> </u>		Won		<u> </u>		-	Remarks
of work	Total No. of men employed Total No. of women employed				groups, Nature					
Groups,	emp				employed				of work	
Relays	A	В	C	D	Е	F	G	Н		
1	231	231	231	23	1 23	123	123	123		
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To										
Date on	whic	h this	noti	ce is	first	exhi	bited	•		
Dute on	Wille	· ·	11011	00 15	11150	0/1111				
							Sig	natu	re of manager o	r agent.
Date:										
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FORM-VIII

[See sub-rule (1) of

Rule 22]

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:

Basic DA Allowances Rates of wages PAN/TAN of the Employer: Name of the Employer: Total No.Total overtime of days (hours worked or production in case of workers) piece worked during period the Sr. No. in Name of the Designation/ Duration of Payment Wage Period FromóTo Department of Wages (Monthly/ Fortnightly/Weekly/ Daily/Piece rated) Labour Identification Number (LIN/Registration No.): Name of the Establishment: Employee employee Name of the Owner Register

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<u>Attendance</u> te Signature			óóóó	16 17 18	0000
Da			9000		9000
Date of payment			000000000	16	300000000000000000000000000000000000000
Total amount Date of Attendance of wages paid payment Date Signature			óóóóóóóóóóóóóóó	15	όδόδοδοδοδοδο
Amount of deduction from	wages		ίδοδοδοδοδοδοδοδο	14	ίδοδοδοδοδοδοδοδο
Amount of Damage or loss fine imposed caused to	the employer by neglect or	default of the	employee όόόόόόόόόόόόόόό	13	όοοοοος 3 Ο ο ο ο ο ο ο ο ο ο ο ο ο ο ο ο ο ο ο ο
Amount of Damage or fine imposed caused to			Σ Σοδοδοδοδοδοδοδοδοδοδοδοδοδοδοδοδοδοδοδ	12	όδόδόδοδόδο
Overtime Nature of acts earning and omissions	for which fine imposed with	date	employee δόδοδοδοδοδοδοδοδοδοδοδοδοδοδοδοδοδοδοδ	11	19
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FOR THE YEAR ENDING.....

FORM-IX

[See sub-rule (1) of Rule 24]

ANNUAL RETURN FORM

UNIFIED ANNUAL RETURN FORM

Single Integrated Return to be filled Online under the Occupational Safety, Health and Working Conditions

Code, 2020, the Code on Industrial Relations, 2020, the Code on Social Security, 2020, and the Code on Wages, 1020

Instructions to fill up the Annual Return

(1) This return is to be filled-up and furnished on or before 28th or 29th February every year.

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

(3) The terms Establishment and Mines shall have the same meaning as under the Occupational Safety, Health and Working Conditions Code, 2020.

(4) This return is to be filled-up in case of contractor or manpower supplier who have engaged more than 50 workers and post in case of Mines even if there is one worker employed in the relevant period.

(4) This return is to be filled-up in case of contractor or manpower supplier who have engaged more than 50 workers and post in case of Mines even if there is one worker employed in the relevant period.

(5) The terms Information:

(6) Instructions in the filled-up in case of contractor or manpower supplier who have engaged more than 50 workers and post in case of Mines even if there is one worker employed in the relevant period.

(7) The terms in the filling the column Single Integrated Return to be filed Online under the Occupational Safety, Health and Working Conditions Code, 2020, the Code on Industrial Relations, 2020, the Code on Social Security, 2020, and the Code on Wages, 2020

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- 4

Applicable to All Establishments

A. General Information:

Instructions	for filling the	column
SI.	No.	

EPFO, ESIC, MCA, MoLE (LIN)	Period should be calendar year
No.	From oTo
Labour Identification Number/Registration	Period of the Return
1.	2

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e of 1	lich,
Name of the	1040
	_
α	

Establishment Email ID

Telephone No.

Mobile number

Geo Coordinates Premise name Sub-locality District State PIN Code

B (a). Hours of Work in a day

B (b). Number of Shifts

C. Details of Manpower Deployed:

Detail		Directly employed	mployed		Employed	Employed through Contracto	ontractor		Grand Total
Skill Category	Highly	Skilled Semi- Skillec	Semi- Skilled	Un- Skilled	Highly Skilled	Skilled Semi- Skilled	Semi-	Un- Skilled	Skilled

Female Male employed in the establishment (i) Maximum No. of employees

Female Transgender

Transgender

in any day during the year

			1	;aged	1		erein	iere fifty o
Total	Total	Total		Labour Eng			ishments whars including	ishments wh loyed
Transgender	Transgender	Transgender		No. of Contract Labour Engaged		Instructions for filling	Applicable to all establishments wherein hundred or more workers including contract labour were ordinarily employed	Applicable to all establishments where fifty or more workers are employed
Female	Female	Female		No		Instruction	Applicable hundred or labour wer	Applicable more work
Male	Male	Male		ractor			the box	the box
Total	Total	Total		f the Cont	vided:	Statutory (specify the statute)	Tick yes or no in the box	Tick yes or no in the box
Transgender	Transgender	Transgender	tablishment	Name with LIN/Registration No. of the Contractor	Fealth and Welfare Amenities provided:	Statutory (s the statute)	Tick yes	Tick yes
Female	Female	Female	in the Est	IN/Regist	elfare An		ovided ode,	ode on 1 320)
Male	Male	Male	gaged	with L	and W	are	teen pro OSH C	ection 67 of Code Ode, 2020 and OSH Code, 2020)
(ii) Average No. of employees employed in the establishment during the year	(iii) Migrant Worker out of (ii) abov Male	(iv) Number of fixed term employee engaged	D. Details of contractors engaged in the Establishment		E. Details of various Health	Nature of various welfare amenities provided	 Whether facility of Canteen provided (as per section 24(v) of OSH Code, 2020) 	Crèches (as per section 67 of Code on Social Security Code, 2020 and section 24 of the OSH Code, 2020)
(ii) Ay en du	(iii) Mi	(iv) N en	D. D	SI. No.	E. De	SI. No.	.	6

No. 45-a] ′ óóóóóóóô	The J&K Official (óóóóóóóóóóóóóóó	Gazette, 9th I óóóóóóóóóó	Feb., 2021/20t იიიიიიიიიიიიიიიიიიიიიიიიიიიიიიიიიიიი	h Magha., 1942. 297 óóóóóóóóóóóóô ô ô
Applicable to mine, building and other construction work wherein more than five hundred workers are ordinarily employed	Applicable to establishments and factories employing 500 workers or more, factory carrying on hazardous process and BoCW employing 250 workers or more, and mines employing 100 or moreworkers	In case of mine 100 or more workers and in case of BoCW 250 or more workers are ordinarily employed	There is no specification for minimum numbes: of Qualified Medical Practitioners employed (2002) establishment. However, this detail is require (2002) to have data on occupational health	ιόδοδοδοδοδοδοδοδοδοδοδοδοδοδοδοδοδοδοδο
Tick yes or no in the box	Tick yes or no in the box	No. of safety officers appointed	No. of Qualified Medical Practitioner appointed	δόδοδοδοδοδοδοδοδοδοδοδοδοδοδοδοδοδοδοδ
Ambulance Room (as per section 24(2)(i) of OSH Code, 2020)	Safety Committee (as per section 22(1) of OSH Code, 2020)	Safety Officer (as per section 22(2) of OSH Code, 2020)	Qualified Medical Practitioner (as per section 12 (2) of OSH Code, 2020)	δόδοδοδοδοδοδοδοδοδοδοδοδοδοδοδοδοδοδοδ
$\ddot{\omega}$	4.	3.	9	000 000 1.

2.	, ,	Whether the Grievance Redressal Comr constituted (section 4 of IR Code, 2020)	nittee	Yes/No	Industrial establishment employing 20 or more workers are employed	298 T
3.		Number of Unions in the establishments	ablishments			The J
4.	Whether a (section 14	Whether any negotiation union exist (section 14 of IR Code, 2020)		Yes/No		J&K Of óóóóóó
5.		Whether any negotiating council is	ć	,		ficial óóóó
	constituted	constituted (section 14 of IR Code, 2020)		Yes/No		Ga:
9		Number of workers discharged, dismissed, retrenched or whose services were	ed, dismissed, s were			zette, óóóóó
	terminated	terminated during the year :				9th 1 óóóóó
	Discharged	Dismissed	Retrenched T	erminated o	Terminated or Removed Grand Total	reb., 202 6666666
						21/2 óóóó
7.	Mandays	lost during the ye	Mandays lost during the year on account of:			Oth M
SI.	Sl.No.	Reasons	Period/Date	No. of mandays	Loss in terms of money	Iagha, 19 Ö óóóô ô
666 (a)		Śόδόδόδόδόδόδόδό ke	ίδδόδδοδοδοδοδοδοδο	Σ οδοδοδοδο	όδοδοδοδοδοδοδοδοδοδοδοδοδοδοδοδοδοδοδο	42. [1 0 ô ô ô
(b)		Lockout				No. 45-a óóóóó

8. Details of retrenchment/lay-off

Details of payment No. of workers laid- No. of man paid to retrenched off during the period lost due to lemployees soo of soo of soo of soo of during the period lost due to lemployees soo of	SI. No. No. of persons Details of payment No. of workers laid- No. of mandays retrenched during paid to retrenched off during the period lost due to lay-off the period employees cookoócócócócócócócócócócócócócócócócócó
	of persons anched during period óóóóóóóóóóóóóóóóóóóóóóóóóóóóóóóóóóó

Production Lost

I. Details of accidents, dangerou	dangerous occurrence and notifiable diseases:	able diseases :	
66666666666666666666666666666666666666	Σοδοδοδοδοδοδοδοδοδοδοδοδοδοδοδοδοδοδοδ	δοδοδοδοδοδοδοδοδοδοδοδοδοδοδοδοδοδοδο	ό δο
Sl. Total number of accidents	Total number of fatal	Total number of fatal Total number of Dangerous	Total number of cases of
No. by which a person injured	accidents and names	Occurrences as defined under	Notifiable Diseases specified
is prevented from working	of the deceased as	Section 11 of the OSH Code,	in Third Schedule of the OSH
for a period of 48 hours	per section 10 of	2020.	Code, 2020 along with the
or more as per section 10	the OSH Code, 2020		details of affected persons
of the OSH Code, 2020.			
όδοδοδοδοδοδοδοδοδοδοδοδοδοδοδοδοδοδοδο	ύ οδοδοδοδοδοδοδοδοδοδοδοδοδοδοδοδοδοδοδ	όδο δο δ	ό ό ό ό ό ό ό ό ό ό ό ό ό ό ό ό ό ό ό

rous occurrence	Mandays lost
. Mandays and Froduction Lost due to accidents/dangerous occurrence	Accident/Dangerous Occurrence
. Mandays al	SI. No.

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.

Place:

Dated:

Signature of Owner/Agent/Manager with seal.

FORM-X

[See sub-rule (2) of rule 24]

REGISTER OF ACCIDENTS AND DANGEROUS OCCURRENCES

Name of	Date of	Date of report	Nature of	Date of return	Number of
injured	accident or	to Inspector-	accident or	of injured	days the
person	dangerous	cum-Facilitator	dangerous	person to work	injured
(if any)	occurrence		occurrence		person was
					absent from
					work
óóóóóóóó	óóóóóóóóóóó	δόδοδοδοδοδοδοδοδο	óóóóóóóóóó	óóóóóóóóóóóóóó	óóóóóóóóóóó
1	2	3	4	5	6
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FORM-XI

[See sub-rule (3) of rule 24

REGISTER FOR LEAVE WITH WAGES

Part I-Adults

Part II-Adolescents

Establishment:

Name ofworker:

Discharged Worker discharge amount of Date and payment made in Date of for leave paid in Date from Wages which the worker is during the allowed leave leave not Whether desired next 12 Leave due with effect Father& Name: from Sick- Autho- Lock Invol- Others Legal unemploy-Interruptions out or untry Striand leave ness rized acciservice Sl. Sl. No. Date of entry register into Department: workers No. in the Jo

Note:ô Separate page shall be allotted to each worker.

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FORM -XII

[See sub-rule (1) of rule 27]

IMPROVEMENT NOTICE AND PROHIBITION ORDER PART I

Prohibition Order

Inspector-cum-Facilitator, Notice on Inspection of Establishment, Lifting Appliance, Loose Gears and other such Gears, Equipment, Ladders and Staging. Inspector-cum-Facilitator, 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.

and lifting devices or the per employers as the case may		o, by himself, h	nis agents, or his
Name of the establishment, lifting appliance, lifting device, transport equipment, ladders and staging	Where situated lying/used/ location	No. of the	LIN/registration No. of the establishment
óóóóóóóóóóóóóóóóóóóóóóóóóóóóóóóóóóóóóó	2 óóóóóóóóóóóóóó e named establish	3 óóóóóóóóóóóó nment, lifting a	4 óóóóóóóóóóóóó ppliance, lifting
device, transport equipmer The activities connected w you/about to be carried o danger to the life. Safety an contraventions :ô	ith establishment n by you/under	t which are being your control in	ng carried on by nvolve a risk or
CONTRAVENTIONS			
Therefore, I hereby direct to you or under your control mentioned have been remore Facilitator. This order is be which may be taken for the	ol unless the sail edied to the satisting issued witho	d contravention of the ut prejudice or	ons and matters Inspector-cum-
On hearing from you that establishment, lifting appequipment/ladders/staging	pliance, loose g	ear or similar	gear/transport

No.______
Dated at_____this_____day of 20_____

the inspection being completed.

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 Inspectorcum-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 :ô

Date of Inspection	Place
όόόόόόόόόόόόόόόόόόό	δόόδοδοδοδοδοδοδοδοδοδοδοδοδοδοδοδοδοδο
Dated atthis day of	Employer, Occupier, Owner, Manager, Master,
20	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 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, Where situated/ Port of Official No. lifting appliances, loose gear lying/used/ Registry (if any) of the lifting device, transport location ship equipment, ladders and staging scaffold

No. 45-a] The J&K Official Gazette, 9th Feb., 2021/20th Magha., 1942. 305 56666666666666666666666666666666666
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 NoDatedthisday of20Inspector-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 :ô
Date of Inspection Place 666666666666666666666666666666666666
То
The Inspector-cum-Facilitator under the Occupation Safety, Health and Working Conditions Code, 2020.

óóóóóó

FORM-XIII

[See rule 38 and rule 75]

APPLICATION FOR LICENSE

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

Department of Labour, Government of Jammu and Kashmir

ESTABLISHMENT PROFILE:

Labour Identification Number/Licence No. Date

Acknowledgement Number: í ...í í Date of Application: í í í í í

- I. Particulars of Establishment for which licence required:
- 1. Name of Establishment:
- 2. Address of establishmentô
 - (a) Head Office address along with email Id:
 - (b) Corporate office address along with email Id:
- 3. Telephone Number:
- 4. Activity as per National Industrial Classification : (Select all applicable activities given)
- 5. Details of selected NIC Code:
- 6. Nature of work carried on in main establishment:
- 7. Identifier of the Establishment : (Select) : esign/digital sign

II. Details of Employer:

- 1. Full Name of Employer.....relationship with establishment.
- 2. Full Address of Employer:
- 3. Email Id of employer:
- 4. Mobile No. of employer:

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

Locations	Name of	Activity as per	Date of	Date of	Name of	Name,
of	works	national	commence-	complet-	Establish-	address,
worksites		industrial	ment	ion	ments	email id
		classification			in which	of the
					contract	Site
					labour is/	Incharge
					proposed	
					to be	
					employed	
óóóóóóóóó	óóóóóóóóó	óóóóóóóóóóóóó	óóóóóóóóóóó	όόόόόόό	óóóóóóóóóó	óóóóóóóó
1	2		3	4	5	6
óóóóóóóóó	óóóóóóóóó	όόόόόόόόόόό	όόόόόόόόόό <i>ό</i>	óóóóóóóóó	óóóóóóóóóó	óóóóóóóóó

- 5. Maximum number of workmen proposed to be employed on the Establishment on any date:
- 6. Amount of Licence Fee : INR (Transaction Id :)
- 7. Amount of Security Deposit : INR (Transaction Id :)

IV. DETAILS OF ESTABLISHMENTS FOR WHICH COMMON LICENCE REQUIRED (IF APPLYING FOR)

Type of	Name and	(i) Nature of work	Date of	Permanent	Maximum	Maximum
establish-	address	carried out in the	comm-	establish-	number of	number of
ments	of estab-	establishment	ence-	ment or	labour	employees
	lishment	(ii) Activity as	ment	probable	employed/	employed/
		per National Ind-l		date of	proposed	proposed
		classification		complet-	to be	to be
				ion	employed	employed
óóóóóóóóó	οδόδο οδο οδο οδο οδο οδο οδο οδο οδο οδ	óóóóóóóóóóóóóóóó	óóóóóóó	δόόόόόόό	óóóóóóóóóó	óóóóóóóóó
1	2	3	4	5	6	7

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

Name of	Name of	Maximum	Date of	Permanent	Maximum	Registration
District	each work	number of	commen-	establishment	number of	number, if
in which		labour will	cement	or probable	employees	obtained,
the estab-		be/is		date of	employed/	then details
lishments		employed		completion	proposed	thereof
are situated	i				to be	
					employed	
óóóóóóóóó	óóóóóóóóóó	óóóóóóóóóó	ο ο ο ο ο ο ο ο ο ο ο ο ο ο ο ο	óóóóóóóóóóóó	όόόόόόόόό	óóóóóóóóóó
1	2	3	4	5	6	7
óóóóóóóóóóóóóóóóóóóóóóóóóóóóóóóóóóóóóó						
Signature	or Contrac	101				
(e-Sign/D	SC)					

Note:ô This is an online application summary applied on (www.jklabour.com).

APPLICATION FOR RENEWAL OF 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) : Amountí date of payment :

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

APPLICATION FOR AMENDMENT OF LICENCE:

- 1. Licence No. Date:
- 2. LIN & PAN
- 3. Name and address of the establishment:
- 4. Details for which amendment is sought:
 - (a) Maximum number of worker presently employed: (If there is increase in the maximum number of workers to be employed, then additional fees/security deposit as per law needs to be deposited:
 - (b) Details of fees paid through e payment date on which made:
 - (c) Other details requiring amendment in the licence issued (Necessary documents may be uploaded in support of change required)

E-sign/digital sign of the employer/contractor Date of application.

FORM-XIV

[See rule 38 and sub-rule (2) of rule 39 and rule 76]

PROFORMA OF LICENSE

Licence No	oI	Reg.	No		Date o	of Reg.	
for the pre	hereby grante emises known	as					
	a establishmen						
_	of the Occupation		-	Health and	l Working	g Conditi	ons Code,
2020, and	the rules made	ther	eunder.				
Theô ô ô	ô ô ô 20				Iss	suingAut	chority
Sl. Period	Valid for Fe	ee l	Date	Excess	Licence	Date	Signature
No. of issue	Maximum	(of pay-	fee for	valid	of pay-	U
	number of		ment		up to	ment	issuing
	Contract			payment			Authority
	labour/						
	workers on						
44444444	any one day óóóóóóóóóóóóó	4444		4444444	444444	****	4444444
000000000	0000000000000	0000	000000	00000000	0000000	0000000	00000000
ό ό ό ό ό ό ό ό	óóóóóóóóóóóó	óóóó	δόόόόό	óóóóóóóó	óóóóóóóó	óóóóóóó	óóóóóóóó
		1	AMEN	DMENT	\mathbf{S}		
Year when	Maximum numb	er	Date of	payment	Date of	Signat	ure of the
amended	of Contract labor	our/	of amer	dment fee	Paymen	t issuing	g Authority
	workers on any	7					
	one day						
00000000	óóóóóóóóóóóóóóó	ÓÓÓÓ	000000	00000000	0000000	0000000	00000000
<u> </u>	όόόόόόόόόό	ბბბბ	λάδοδοδ	<u></u> ΑΛΑΛΑΛΑΛΑ	ΛΛΛΛΛΛΛ	ΛΛΛΛΛΛΛ	<u></u> ΑΛΑΛΑΛΑΛΑ
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FORM-XV

(See rule 47)

EXPERIENCE CERTIFICATE OF CONTRACT EMPLOYEE

To whom so ever concerned

- 1. Name of contractor/employer*:
- 2. LIN/Registration No./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/Registration No./PAN No. of the Principal Employer*:
- 8. Email Id of the Principal Employer*:
- 9. Mobile No. of the Principal Employer*:
- 10. Name of the worker*:
- 11. UAN/Aadhaar No.:
- 12. Mobile No.:
- 13. Serial Number in the Employee Register:
- 14. Registration number, date and name of the Board if the building and other construction worker is registered as a beneficiary:
- 15. Period of Employment:
- 16. Designation:

Seal and Signature of Contractor

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FORM-XVI

(See rule 53)

Agreement between Producer and Audio-visual worker

This agreement is made on this daymonth
yearbetween Messersí í í í í í having office atí í í í í
(hereinafter referred to as the $\Bar{o}Producer\Bar{o}$ on the First part and Shri/Smt./
Kum./i i i i i i i i i Son/Daughter of Shrii i i i i
residing atí í í .(hereinafter referred to as the õAudio Visual Workerö)
on the second part. The termsProducer +andaudio-visual
workerø shall include their heirs, successors, administrators and legal
representativesô

Now, therefore, this agreement is made as follows :ô

- 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 inwriting.
- 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

- - 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,ô
 - (a) attend the studios, location or work-place, as the case may be, earlier than the 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 Rsí í í í í í . For the work during the extended hours and refreshments, and transport facilities.
 - 7. That the Producer shall provide transport and food or pay travelling 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 and audio-visual worker 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 controlô
 - (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 duties or of his/her unwillingness to perform the services required under this agreement, the producer shall be entitled to do so only upon payment of the balance of the stipulated amount of the agreement. Only after such payment to the audio-visual worker, the Producer shall be entitled to employ another audio-visual worker in his/her place.
- 12. That the Producer shall have the right to terminate this agreement on ground of misconduct on the part of the audiovisual 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 total work in the audiovisual 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

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

- - (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 form 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 workers 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 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 provided before a forum comprising equal number of representatives of the Producers Organisation and the audio-visual worker Organisation to which the

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

1. Witness Producer

Name Address

2. Witness Audio-Visual Worker

Name Address

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FORM-XVII

[See sub-rule (3) of rule 28]

Application for grant of certification of competency to an institution

- 1. Name and full address of the organization.
- 2. Organization status (specify whether Government, autonomous, co-operative, corporate or private).
- 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 as experience as set out in Schedule-B.
- - 6. i. Details of facilities (examination, testing etc.);
 - ii. Arrangements of calibrating and maintaining the accuracy of these facilities).
 - 7. Any other relevant information.
 - 8. Declaration :

 I.....hereby declare that the information furnished above are correct to the best of my knowledge. I undertake toô
 - (a) To maintain the facilities in good working order calibrating periodically as per manufacturer instructions or as per National standards; and

(b) 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: Signature of the Head of the

Institution or the person authorized

to sign on his behalf

Date:

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[See sub-rule (3) of rule 28]

Application for grant of certification of competency to a Person

1. Name:

2.	Date of Birth:					
3.	3. Name of organization (if not, self-employed):					
4.	Designation:					
5.	5. Educational Qualification (Copies of testimonials t be attached):					
6.	Details of professional experi-	ence(in chrono	ological order):			
Name of the	Period of service	Designation	Area of			
Organization			responsibility			
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2.

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- 7. Membership, if any, of professional bodies:
- 8. i. Details of facilities (examination, testing etc.);
 - ii. Arrangements of calibrating and maintaining the accuracy of these facilities):
- 9. Purpose for which competency certificate sought (specify the section of the Code):
- 10. Whether the applicant has been declared as a competent person under any other statute (if so, furnish details):
- 11. any other relevant information:
- 12. Declaration by the applicant:

		he J&K Official Gazette, 9th Feb., 2021/20th Magha., 1942. 321 66666666666666666666666666666666666
above i	s tru	ie, I undertake toô
	(a)	That in the event of any change in the facilities at my disposal (either addition or deletion) or my leaving the aforesaid organization , I will promptly inform the Chief Inspector-cum-Facilitator ;
	(b)	To maintain the facilities in good working order, calibrating periodically as per manufacturer α 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:		Signature of the applicant.
Date:		
		Declaration by the Institution (if employed)
behalf o	are of th	certify that Shriwhose furnished above, is in our employment and nominate him on e organization for the purpose of being declared as a competent er the Code. I also undertake that I willô
	(a)	Notify the Chief Inspector-cum-Facilitator in case the competent person leaves our employment ;
	(b)	Provide and maintain in good order all facilities at his disposal as mentioned above ;
	(c)	Notify the Chief Inspector-cum-Facilitator any change in the facilities (either addition or deletion)
		Signature Designation Tel. No.

Date:

Official Seal

FORM-XIX

[See sub-rule (3) of rule 28]

Form of certificate of competency issued to a person or an institution

I	in exercise of the powers conferred on me under
	onal Safety Health and Working Condition® Code and the rules
made the	reunder, here by recognize
or Shri	employed into be
and certif pressure p case may	person for the purpose of carrying tests, examinations, inspections ication for such buildings, dangerous machinery, lifts, tackles, plants, confined space, ventilation or plant and equipment as the be in a factory located inunder sectionles made thereunder.
This	certificate is valid fromto
This underô	certificate is subject to the following conditions as stipulated there
1	. Tests, examinations and inspections shall be carried out in accordance with the provisions of the Code and the rules made thereunder.
2	2. Tests, examinations and inspections shall be carried out under the direct supervision of competent person or a person authorized by institution recognized to be competent.
3	 The certificate of competency shall stand cancelled if the person declared competent leaves the organization mentioned in his application.
4	The institution recognizer as competent shall keep Chief Inspector-cum-Facilitator informed of the names, designations, qualifications of the persons authorized by it to carry out tests, examinations, inspections.
Station	Official seal Signature of Chief Inspector-cum-Facilitator
Date :	

Note :ô A separate certificate should be issued under each relevant section. A person or institution may be recognized competent person for the purpose of more than one section of the code.

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FORM-XX

[See sub-rule (3) of rule 56]

APPLICATION FOR PERMISSION TO CONSTRUCT, EXTEND OR TAKE INTO USE ANY BUILDING AS A FACTORY

Applicant name and address
 Full name and postal address of factory
 Situation of factory
 Province
 District
 Town or Village
 Nearest Police Station
 Nearest railway station or steamer ghat
 Particulars of plant to be installed

Signature of applicant:

Date:

- (a) a flow chart of the manufacturing process supplemented by a brief description of the process in its various stages;
- (b) plans, in duplicate, drawn to scale showingô
 - (i) the site of the factory and immediate surroundings including adjacent buildings 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-cum-Facilitator may require.

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FORM-XXI

[See sub-rule (8) of rule 56]

Certificate of Stability

- 1. Name of the Factory:
- 2. Village, Town, District in which Factory is situated:
- 3. Full postal address of the Factory:
- 4. Name of the Occupier of the Factory:
- 5. Nature of manufacturing process. to be carried on in the factory:
- 6. Number of Floors on which Workers will be employed:

Signature
Qualifications
Address
Date

If employed by a company or association.

Name and address of the company or Association.

FORM NO. XXII

[See sub-rule (10) and sub-rule (11) of rule 56]

Registration and Licence to Work a Factory

Registration No Fee Rs
Serial No
Licence is hereby granted to
This Licence shall remain in force till the 31st day of December,
Chief Inspector-cum-Facilitator
The Description of the Licensed Premises
The licensed premises shown on Plan Nodatedare situated inand consist of
Date of renewal Date of expiry Signature of Licensing Authority

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(See Schedule-B and rule 58)

CERTIFICATE OF FITNESS

α	. 1	1	
~ ~	2112	number	•
	71 I (1)	111111111111111111111111111111111111111	

Son of (father (address) employed as (process,depa and that his a years, and the mentioned father constructions of the state of th	that I have personally exameres name)	í í Who is	n my exaloyment	residing at ous of being in
impression of	f person examined :	Signature of	Certify Date	ing Surgeon :
I certify that I examined the person mentioned above on 666666666666	I extend this certificate until (if certificate is not extended, the period for which the worker is considered unfit for work is to be mentioned) 666666666666666666666666666666666666	observd during examination	ng	the certifying surgeon

FORM NO. XXIV

(See Schedule-B and rule 58)

HEALTH REGISTER

•		
	1	S. No.
	2	Department/Works
	κ	Name of Worker
	4	Sex
	5	Age (at last birthday)
	9	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
	6	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

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FORM-XXV

(See sub-rule (3) of rule 59)

APPLICATION FOR THE SITE APPRAISAL COMMITTEE

- 1. Name and address of the applicant:
- 2. Site Ownership Data:
- 2.1 Revenue details of the site such a Survey No., Plot No.
- 2.2 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:

- 3.1 Site plan with clear identification of boundries and total area proposed to be occupied and showing details nearby the proposed siteô
 - (a) 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;
 - (b) Water sources (crivers, streams, canal dams, water filteration plants) in the vicinity;
 - (c) Nearest hospitals, Fire-stations, Civil Defence Stations and Police Station and their distances;
 - (d) Details of high tension electrical transmission lines, pipelines for oil, gas, sewerage, if any, passing through the site; and
 - (e) Location of railway stations, railway lines, Scheduled road, byepass, if any, near the site.
- 3.2 Plot Plan of the factory, showing entry and, exit points, roads.

4. Project Report:

- 4.1 A summary of the salient features of Project;
- 4.2 Maximum number of persons like be working in the factory;
- 4.3 Maximum amount of power and requirements and source of supply;
- 4.4 Block diagrams of the buildings *installations*, *in the proposed project*; and
- 4.5 Details of housing colony, hospital, school and other infrastructural facilities proposed.

- 5. Organisation structure of the proposed manufacturing unit/factory:
- 5.1 Person responsible for protection of safety, health and environment.
- 5.2 Proposed health and safety policy of the proposed enterprise.

6. Manufacturing Process Information:

- 6.1 Process flow diagrams.
- 6.2 Brief write up on process and technology.
- 6.3 Critical Process parameters such as pressure buildup, temperature rise and run-away reaction.
- 6.4 Other external effections critical to the process having safety implications such as ingrass of moisture or water, contact with incompatiable substances sudden power failure; and
- 6.5 High lights of the built-in-safety/pollution control devices or measures incorporated in the manufacturing technology.

7. Information of Hazardous Materials:

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

8. Safety measures proposed for :

- Handling of materials.
- Internal and external transportation, and
- Disposal (packing and forwarding of finished products).

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

- 9.1 Major Pollutants (gas, liquids, solid) their characteristics and quantities (average and at peakloads).
- 9.2 Quality and quantity of solid wastes generated, methods of their treatment and disposal.

- - 9.3 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:

- 10.1 Enclose a copy of the report on environmental impact assessment.
- 10.2 Enclosed a copy of the report on Risk Assessment Study: and
- 10.3 Published (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 :

- 11.1 Details of fire-fighting facilities and minimum quantity of water cartaoridi-oxide and other fire-fighting measures needed to meet the emergencies.
- 11.2 Details of in-house medical facilities proposed.

12. Information on Emergency preparedness:

- 12.1 On Site Emergency Plan; and
- 12.2 Proposed arrangements, if any, for mutual aid scheme with the group of neighboring 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