

-
- (b) Controls and alarms,
- (c) Pressure relief system,
- (d) Quick acting valves,
- (e) Collecting tanks/dump tanks,
- (f) Sprinkler systems,
- (g) Fire protection.
7. Information on the hazard assessment, namely
- (a) Identification of hazards,
- (b) The causes of major accidents,
- (c) Assessment of hazards according to their occurrence frequency,
- (d) Assessment of accident consequences,
- (e) Safely systems,
- (f) Known accident history.
8. Description of information on organisational systems used to carry on Industrial activity safety, namely :-
- (a) Maintenance and inspection schedules,
- (b) Guidelines for the training of personnel,
- (c) Allocation and delegation of responsibility for plant safety,
- (d) Implementation of safety procedure.
9. Information on assessment of the consequences of major accidents, namely:-
- (a) Assessment of the possible release of hazardous chemicals or of energy,
- (b) Possible dispersion of released chemicals,
- (c) Assessment of the effects of the releases (size of the affected area, health effects, property damage).
10. Information on the mitigation of major accidents, namely :-
- (a) Fire brigade,
- (b) Alarm system
- (c) Emergency plan containing system of organisation used to fight the emergency, the alarm and the communication routes, guidelines for fighting the emergency, examples of possible accident sequences,
- (d) Co-ordination with the District Collector or the District Emergency Authority and its off-site emergency plan,
- (e) Notification of the nature and scope of the hazard in the event of an accident.
- (f) Antidose in the event of a release of a hazardous chemical.

[See Rule-3 (1) (i)]

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

A. Type of Establishment -

(Factory/Motor Transport undertaking/Newspaper Establishment/Audio-Visual Production Establishment / Building and Other Construction Establishment /Plantation / Contract Work/ Manpower Supply/Other)

B. Establishment Details.

1. Name of Establishment:
2. Location and Address of the Establishment:
3. Others details of Establishment:
 - a. Total Number of employees engaged directly in the establishment:
 - b. Total Number of the contract employees engaged:
 - c. Total Number of Inter-State Migrant workers employed:

4. Fill applicable part-**(a) For factories:**

Details of the manufacturing process	Full postal address and situation of the factory along with plan approval details	Name and address of the occupier and manager	Maximum number of workers to be employed on any day	Nature & Total amount of H.P. installs or propos & installed.
1	2	3	4	5

(b) For Motor Transport Workers-

Nature of motor transport services (e.g. City Services, Long distance freight etc)	Total number of route	Total route mileage	Total number of transport vehicle on the last date of preceding year
1	2	3	4

(c) 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

(d) For Plantation-

Total grant of plantation in	Full name(s) and residential address(es) of the Propreitor's and	Full name and residential address(es) of the Directors in the case of a Company	Full name and address(es) of the Chief Executives or General Manager of the

hectare	Partner's of the plantation in case it is not registered under the Companies Act, 1956	registered under the Companies Act, 1956.	Plantation in the Public Sector
1	2	3	4

5. Ownership Type/Sector;

6. Activity as per National Industrial Classification;

7. Details of Selected NIC Code:

8. e-sign/ digital sign of employer/ representative/applicant :

B. Details of Employer:-

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

D. Contractor Details

Name and Address Contractor	Email address& Mobile of Contractor	Name of Work	Maximum No. of Contract labour engaged	Maximum no. of migrant worker employed by contractor	Date of Commencement / Probable date of Completion of work
1	2	3	4		5

E. Others Details:-

Signature/ E-sign/digital sign of employer

Dated:-

Place:-

FORM-II

[See Rule-3(1)(iii)]

Certificate of Registration of Establishment

Registration No.

Date

A Certificate of registration containing the following particulars is hereby granted under sub section (2) of section 3 of the Occupational Safety, Health and Working Conditions Code, 2020 (...of 2020)

to..... (Name of the establishment)

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

(a) Factory

(b) Contract Work

(c) Building and Other Construction Works

(d) any other work (not covered above)

2. Details of the establishment:

a. Total Number of employees engaged directly in the establishment:

b. Total Number of the employees engaged through contractor

c. Total Number of Contractors and their details:

c. Number of inter-state migrant workers engaged:

3 Extra Details of establishment-

(a) For factories:

Details of the manufacturing process	Full postal address and situation of the factory along with plan approval details	Name and address of the occupier and manager	Maximum number of workers to be employed on any day	Nature & Total amount of H.P. installs or propos & installed.
1	2	3	4	5

(b) For Motor Transport Workers-

Nature of motor transport services (e.g. City Services, Long distance freight etc)	Total number of route	Total route mileage	Total number of transport vehicle on the last date of preceding year
1	2	3	4

(c) 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

(d) For Plantation-

Total grant of plantation in hectare	Full name(s) and residential address(es) of the Propreitor's and Partner's of the plantation	Full name and residential address(es) of the Directors in the case of a Company registered under the	Full name and address(es) of the Chief Executives or General Manager of the Plantation in the Public Sector

	in case it is not registered under the Companies Act, 1956	Companies Act, 1956.	
1	2	3	4

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

5. Remarks of registering officers

/Signature E -Sign/DSC of Registering Officer

along with designation

Place:

Date:

Conditions of Registration

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

FORM-III

[See Rule-3(8)]

Register of Establishment

SI. No	Nature of work	Registration No. and date	Name and Address, location of the establishment registered	Name, Address and Contact Details of Employer	Total number of Workers and Total Horse Power (if any)	Total number of contract Workers	Remarks
1	2	3	4	5	6	7	8
	(a) Factories (b) Plantation Work (c) Motor Transport Undertaking (d) Audio-Visual Establishment (e) Building and						

other Construction work (f) Contract work (g) Interstate Migrant Work (h) Any other work (not covered above)							
---	--	--	--	--	--	--	--

FORM-IV

[See Rule-3(9) & Rule- 5]

A- Notice of Commencement / cessation 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/cessation is likely to be completed with effect from

(Date)/ On (Date)

In case of cessation of work:

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

Signature of the Employer

To,

The Inspector-cum-Facilitator

FORM-V

(Rule-6)

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

A. Demographics:

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 (Employees' State Insurance) Scheme? If yes, provide IP Number	Yes/No	
Is the employee under any other health scheme apart from ESI-Scheme? (If yes, provide the name of the scheme)	Yes/No	

B. Occupational

Question	Answer	Remarks
Present Designation:		
Work Profile:		
Duration of service in the present work profile:		
Working Hours per shift:		
Night Shift Per Week:		
Night Shift per Month:		

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

Question	Answer	Remarks
----------	--------	---------

Anaemia		
Jaundice		
Asthma		
COPD		
History of Any other Lung Disease: (If Yes, Please Specify)		
Vertigo/Dizziness		
Diabetes Mellitus		
Hypertension		
Any Cancer (If Yes, Please Specify the Cancer)		
Chronic Low Back Pain		
Chronic Pain in hand or Elbow		
Hernia		
Hydrocele		
Varicose Vein		
Haemorrhoids		
History of amputation/fracture/dislocation injury during work (If Yes, please specify)		
Dermatitis (If Yes, specify Site)		
Hearing Impairment		
Visual Impairment		
Any Major Illness requiring hospitalization in last 1 year (If Yes, Name of the Disease)		
Occupational Injury in Last 1 year: if yes Specify the Location of injury and frequency		

D. Current Symptoms-Diseases Module

Question	Answer	Remarks
----------	--------	---------

Smoking habit		
Chewing Tobacco or Pan Masala or Gutkha:		
Alcohol Addiction		
Dermatosis (Irritant Contact Dermatitis/Eczema/Chloracne/Allergic Contact Dermatitis):		
Mucosal Irritation of eyes/Nose/Throat with response to chemical agent or biological agent:		
Symptoms like Respiratory Difficulty/ Chest Tightness/Dry Cough at beginning of shift:		
Currently suffering from TB:		
Jaundice or Hepatitis:		
Currently suffering from Low Back Pain		
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

Date of Examination:

Question	Answer	Remarks
General Skin Condition: (If Any Dermatitis, please mention its location)		
Weight (in Kg):		
Height (in Meter)		
Temperature (⁰ F):		

BP:		
Pulse:		
SpO2:		
Respiratory Rate:		
Examination of Breast of female-employee		

F. Investigation Report

- Routine Blood Investigation: Attach the photocopy of the report**
 Blood Grouping & Rh Typing and HB Electrophoresis Once in a lifetime

Parameter	Answer (Normal/Increase/Decrease)	Value
Hb%:		
Total WBC Count and Differential Count:		
Platelet Count:		
ESR:		
FBS:		
PPBS:		
HBA1C level		
BUN:		
Creatinine:		
Total Protein		
Albumin		
Globulin		
SGOT		
SGPT		
Bilirubin		
Urine RE		
Urine ME		

Prostate Specific Antigen (PSA)		
---------------------------------	--	--

G. Standard Chest X Ray (PA) View: attach the photocopy of the report**Date:**

Parameter	Answer (Normal/Abnormal)	Value (if any importance)
Report		

Report

H. Spirometry: attach the photocopy of the report (For mine employee)**Date:**

Parameter	Answer (Normal/Increase/Decrease)	Value
Report		
Observed:		
Predicted:		
FVC:		
Observed:		
Predicted:		
FEV1/FVC:		
Final Report: Normal / Obstructive Lung Disease/Restrictive Lung Disease/ Mixed Lung Diseases		

I. Audiometry (Pure Tone / BERA): attach the photocopy of the report (For Mine Employee)**Date:**

Parameter	Value/Result/Interpretation
Visual inspection of Eye for any abnormality like wax in external ear, infection etc	
Right Ear Hearing Threshold:	
Left Ear Hearing Threshold:	
Final Report preferable based on BERA:	
Right Ear:	
Left Ear:	

J. Eye Examination: attach the photocopy of the report Date:

Parameter	Value/Result/Interpretation
Visual inspection of Eye for any abnormality like corneal opacity/scaring, cataract etc.	
Visual Acuity: Right	
Visual Acuity: Left	
Colour Vision	
Field of Vision	
Binocularity	
Lateral Phoria	
Vertical Phoria	
Stereoscopic Vision and Depth Perception Testing	
Fundus (Retina) examination	

K. 12 lead ECG and Echocardiography:

Final Report:

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

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

As applicable to all employees

2. Special Examination

a) Cardiovascular

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

b) Tests for Labyrinthine functions and for sense of position Eye Examination for Bilateral Nystagmus, Romberg sign.

The presence of bilateral nystagmus and a positive Romberg sign will be an absolute contra-indication.

c) Neurological examination Evaluate seizure disorders: CT Scan of Brain and E.E.G if indicated

d) Assessment of Diabetic Control Status:

(in case of employees suffering from Diabetes Mellitus)

e) Assessment of Phobia (Acrophobia) and any other Mental Health Disorder like Anxiety or Depression

d) Evaluation for Vertigo and Dizziness

For use of Industrial Safety Section:

Walking freely over a horizontal bar at 1 ft. height: PASS / FAIL

Wearing a safety belt and tying the rope knot: PASS/ FAIL

Walking over a horizontal structure at 9 ft. height wearing a belt: PASS/ FAIL

General physique (O.K./NOT O.K): PASS/ FAIL

M. Any other information/examination/biological investigation/test as mutually agreed by the employer and qualified medical practitioner.**FORM-VI**

(See Rule-8)

NOTICE OF ACCIDENT OR DANGEROUS OCCURRENCE

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

Number of the injured person :

1. Name of employer :

2. Address of works / premises

where the accident or dangerous
occurrence took place :

3. Nature of industry and
LIN of the establishment/
(Registration number of establishment) :

4. Branch or department and
exact place where the accident or
dangerous occurrence took place :

5. Name and address of the injured person :

6. (a) Sex :

(b) Age (at the last birthday) :

(c) Occupation of the injured person :

7. Local E.S.I.C. Office to which the
injured person is attached :

8. Date, shift and hour of accident
or dangerous occurrence :

9. (a) Hour at which the injured person
started work on the day of
accident or dangerous occurrence :

(b) whether wages in full or part are
payable to him for the day of the
accident or dangerous occurrence :

10. (a) Cause or nature of accident
or dangerous occurrence :

(b) If caused by machinery-

(i) Give the name of machine and
the part causing the accident
or dangerous occurrence :

(ii) state whether it was moved
by mechanical power at the time of
accident or dangerous occurrence :

(c) State exactly what the injured person
was doing at the time of accident
or dangerous occurrence :

(d) In your opinion, was the injured
person at the time of accident or
dangerous occurrence -

(i) acting in contravention of provisions

of any law applicable to him; or

(ii) acting in contravention of any orders given by or on behalf of his employer; or

(iii) acting without instructions from his employer?

(e) In case reply to (d) (i), (ii) or (iii) is in the affirmative, state whether the act was done for the purpose of and in connection with the employer's trade or business. :

11. In case the accident or dangerous occurrence took place while travelling in the employer's transport, state whether -

(a) the injured person was travelling as a passenger to or from his place of work; :

(b) the injured person was travelling with the express or implied permission of his employer; :

(c) the transport is being operated by or on behalf of the employer or some other person by whom it is provided in pursuance of arrangements made with the employer; and :

(d) the vehicle is being/not being operated in the ordinary course of public transport service :

12. In case the accident or dangerous occurrence took place while meeting emergency, state- (a) its nature ; and

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

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

14. Names and addresses of

witnesses : (1)
(2)

15. (a) Nature and extent of injury
(e.g. fatal, loss of finger, fracture
of leg, scald, scratch followed by
sepsis, etc.) :

(b) Location of injury (e.g. right leg,
left hand, left eye, etc.)

16. (a) If the accident or dangerous
occurrence was not fatal, state
whether the injured person was
disabled for more than 48 hours :

(b) date and hour of return of work :

17. (a) Physician, dispensary or hospital
from whom or which the injured
person received or is receiving treatment :

(b) Name of dispensary/panel doctor
elected by the injured person :

18. (a) Has the injured person died ? :

(b) If so, date of death :

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

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

Date of dispatch of report :

Place:

Form No. VI A

[(see rule 8(4)]

Supplementary notice of accident.

1. Name of the factory and location

2. Name of the injured person –

3. Date of accident

4. Reference of the first notice of accident in Form no. VI.

5. Date on which the worker returned to work

6. Man days lost due to the accident

Signature of the Manager or Occupier

FORM-VII
[See Rule-27]
NOTICE OF PERIODS OF WORK

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

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

On working days

From ..

To ..

From ..

To ..

From ..

To ..

On partial

Working days

From ..

To ..

From ..

To ..

Date on which this notice is first exhibited :

Signature of manager or agent :

Date :

FORM-VIII

(See Rule-28)

REGISTER OF WORKERS EMPLOYED IN AN ESTABLISHMENT, WAGES, OVERTIME, FINE, DEDUCTION FOR DAMAGE OR LOSS

Register of Wages, Overtime, Fine, Deduction for damage and Loss

Name of the Establishment:

Name of the Employer:

Name of the Owner:

PAN/TAN of the Employer:

Labour Identification Number (LIN):

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

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

FORM-IX

(See Rule-30)

ANNUAL RETURN

UNIFIED ANNUAL RETURN FORM

FOR THE YEAR ENDING.....

Single Integrated Return to be filed On-line under the Occupational Safety, Health and Working Conditions Code, 2020,

the Code on Industrial Relations, 2020, the Code on Social Security , 2020, and the Code on Wages, 2019

Instructions to fill up the Annual Return

- (1) This return is to be filled-up and furnished on or before 28th or 29th February every year.
- (2) The terms Establishment shall have the same meaning as under the Occupational Safety, Health and Working Conditions Code, 2020.
- (3) This return is to be filled-up in case of Contractor or manpower supplier who have engaged more than 50 workers employed in the relevant period.

Applicable to All Establishments - Part-I

A. General Information:

Sl. No.			Instructions for filling the column
1	Labour Identification Number/Registration No.		EPFO, ESIC, MCA, MoLE (LIN)
2	Period of the Return	From - To-	Period should be calendar year
3	Name of the Establishment		
4	Email ID		
5	Telephone No.		
6	Mobile number		

7	Premise name									
8	Sub-locality									
9	District									
10	State									
11	Pin code									
12	Geo Co-ordinates									
B(a).	Hours of Work in a day									
B(b).	Number of Shifts									
C. Details of Manpower Deployed										
Details		Directly employed			Employed through Contractor				G r a n d T o t a l	
Skill Category		Highly Skilled	Skilled	Semi-Skilled	Un-Skilled	Highly Skilled	Skilled	Semi-Skilled		Un-Skilled
(i) Maximum No. of employees employed in the establishment in any day during the year		Male	Female	Transgender	Total	Male	Female	Transgender	Total	
(ii) Average No. of employees employed in the establishment during the year		Male	Female	Transgender	Total	Male	Female	Transgender	Total	
(iii) Migrant Worker out of (ii) above		Male	Female	Transgender	Total	Male	Female	Transgender	Total	
(iv) Number of fixed term employee engaged		Male	Female	Transgender	Total	Male	Female	Transgender	Total	
D. Details of contractors engaged in the Establishment:										
Sl. No.		Name with LIN/Registration Number of the Contractor						No. of Contract Labour Engaged		
E. Details of various Health and Welfare Amenities provided.										
Sl. No.	Nature of various welfare amenities provided	Statutory (specify the statute)			Instructions for filling					
1	Whether facility of Canteen provided (as per section 24(v) of OSH Code, 2020)	Tick yes or no in the box			Applicable to all establishments where in hundred or more worker including contract labour were ordinarily employed					
2	Crèches (as per section 67 of Code on Social Security Code, 2020 and Section 24 of the OSH Code 2020)	Tick yes or no in the box			Applicable to all establishments where fifty or more workers are employed					
3	Ambulance Room (as per section 24(2)(i) of OSH Code, 2020)	Tick yes or no in the box			Applicable to mine, building and other construction work wherein more than five hundred workers are ordinarily employed					
4	Safety Committee (as per Section 22(1) of OSH Code,	Tick yes or no in the box			Applicable to establishments and factories employing 500 workers or more, factory carrying					

	2020.		on hazardous process and BoCW employing 250 workers or more, and mines employing 100 or more workers
5	Safety Officer (as per section 22(2) of OSH Code, 2020)	No. of safety officers appointed	In case of mine 100 or more workers and in case of BoCW 250 or more workers are ordinarily employed.
6	Qualified Medical Practitioner (as per Section 12 (2) of OSH Code 2020.	No. of Qualified Medical Practitioner appointed.	There is no specification for minimum number of Qualified Medical Practitioner employed in establishment. However, this detail is required to have data on occupational health.

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

G. Details pertaining to maternity benefit:				
No. of female employees	No. of female employees availed maternity leave	No. of female employees paid medical bonus	No. of deduction of wages, if any made from female employees	

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

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

J. Mandays and Production Lost due to accidents / dangerous occurrence			
Sl. No.	Accident/Dangerous Occurrence	Mandays lost	Production Lost

FORM-X

(See Rule-31)

REGISTER OF ACCIDENTS AND DANGEROUS OCCURRENCES

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

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FORM-XI
[See Rule-32(i)]
REGISTER FOR LEAVE WITH WAGES

Part I - Adults

Part II - Adolescents

Establishment:

Name of worker :

Department :

Father's Name:

Sl. No	Sl.no in the register of workers	Date of entry into service						Leave due with effect from	Whether leave not desired during the next 12 months	Date from which the worker is allowed leave	Wages for Leave Paid in	Discharged worker		Remarks
			Sickness and accidents	Authorized Leave	Lock Out or Legal Strike	Involuntary unemployment	Others					Date of Discharge	Date & amount of payment made in lieu of leave due	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

Note:- Separate page shall be allotted to each worker

FORM -XII

(See Rule-35)

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

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

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

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

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

CONTRAVENTIONS

Therefore. I hereby direct that the said activities shall not be carried on by you or under your control unless the said contraventions and matters mentioned have been remedied to the satisfaction of the Inspector-cum-Facilitator. This order is being issued without prejudice or any legal action which may be taken for these contraventions. On hearing from you that the requirements have been complied with the establishment, lifting appliance, loose gear or similar gear/transport equipment/ladders/ staging, scaffold shall again be visited with a view to the inspection being completed.

No. _____

Dated at _____ this _____ day of 20 _____

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

REQUIREMENTS

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

Sir,

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

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

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

To

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

PART - II
Improvement Notice

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

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

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

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

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

Contraventions No. _____ Dated _____ this _____ day of _____

20____ Inspector-cum-Facilitator under the Occupational Safety, Health and Working Conditions Code, 2020

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

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

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

To

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

FORM No. XIII

(See rule-43(2))

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

BASIC INFORMATION:

Factory Full Name: _____.

Applying for : NEW FACTORY EXTENSION

Brief Description: _____.

Type of Factory: (Select Factory Type)

Particulars of plant to be installed: (Select manufacturing Process)

Others: _____.

Office of Deputy Chief Inspector of Factories: Select Deputy Chief Inspector of Factories

Office of Inspector of Factories: Select Office of Inspector of Factories.

Details of workers

Maximum no of workers proposed to be employed on any one day during the year for which license is to be obtained	Male	Female	Transgender	Total
	_____	_____	_____	_____

NATURE AND AMOUNT OF POWER :

Nature of Power	Amount of Power	Maximum Amount of
Installed or Proposed	Power to be Used	
Total rated capacity of Machineries _____ H.P.	_____ H.P.	
Total D. G. Set / Electric Power _____ K.W.	_____ K.W.	
Generating Capacity		
Total capacity of Transformer _____ K.W.	_____ K.W.	

Applicant Details:

Full Name: _____ Applicant Calling : _____.

Address: _____ Landmark: _____
 Post Office: _____ Police station: _____
 State: _____ District: _____ Block _____
 Pin Code: _____ Mobile No: _____ PAN No: _____ E-Mail Id : _____

Factory Address Details:

Address: _____ Landmark: _____
 Post Office: _____ Police station: _____
 State: _____ District: _____ Block _____
 Pin Code: _____

Factory Communication Address: Copy same address as above

Address: _____ Landmark: _____
 Post Office: _____ Police station: _____
 State: _____ District: _____ Block _____
 Pin Code: _____

Form – XIV
[Rule 68 (4)]

BASIC INFORMATION:**Factory Full Name:** _____**Nature of Factory:** (Select Nature of Factory Type)**Type of Factory :** (Select Factory Type)**Nature of Manufacturing Process :** (Select Nature of Factory)**Brief Manufacturing Process:****Office of Deputy Chief Inspector of Factories:** Select Deputy Chief Inspector of Factories**Office of Inspector of Factories:** Select Office of Inspector of Factories.**Year of start of manufacturing process:** _____**Details of workers for the year:** _____

a. Maximum no of workers proposed to

Male**Female****Total**be employed on any one day during the
year for which license is to be obtained

b. Number of workers proposed to be
ordinarily employed during the year for
which licence is to be obtained

NATURE AND AMOUNT OF POWER:Nature of Power
of

Amount of Power

Maximum Amount

Installed or Proposed

Power to be Used

Total rated capacity of Machineries

_____ H.P.

_____ H.P.

Total D. G. Set / Electric Power

_____ K.W.

_____ K.W.

Generating Capacity

Total capacity of Transformer _____ K.W. _____ K.W.

Factory Address Details:

Address: _____ Landmark: _____
 Post Office: _____ Police station: _____
 State: _____ District: _____ Block _____
 Pin Code: _____

Factory Communication Address:

Address: _____ Landmark: _____
 Post Office: _____ Police station: _____
 State: _____ District: _____ Block _____
 Pin Code: _____

Manager Information:

Full Name of the Manager : _____ Father's Name : _____
 Date of Birth: _____ Aadhar No.: _____
 E-Mail Id: _____ Mobile No.: _____

Manager Residential Address:

Country: India Pan No.: _____
 Address: _____ Landmark: _____
 Post Office: _____ Police station: _____
 State: _____ District: _____ Block _____
 Pin Code: _____ STD Code: _____ Phone No: _____

Occupier Information:

Full Name of the Occupier: _____ Father's Name : _____
 Date of Birth: _____ Aadhar No.: _____
 E-Mail Id: _____ Mobile No.: _____

Occupier Residential Address:

Country: _____ Pan No.: _____
 Address: _____ Landmark: _____
 Post Office: _____ Police station: _____
 State: _____ District: _____ Block _____
 Pin Code: _____ STD Code: _____ Phone No: _____

PREMISES / BUILDING OWNER BASIC INFORMATION:

Full Name of the Premises Building Owner:
 Aadhaar No.: _____ Mobile No: _____

Residential Address:

Country: India Pan No.: _____
 Address: _____ Landmark: _____
 Post Office: _____ Police station: _____
 State: _____ District: _____ Block _____

Pin Code: _____ STD Code: _____ Phone No: _____.

Details of Principal products manufactured during last calendar year:

Sl No.	Name of Product	Value of Product (In Rs.)
1.	_____	_____

Type of Organization

Type of Organization Body : (Select Type)

The proprietor of the factory in the case of private firm proprietary concern:

Sl No.	Name	Aadhaar No	Mobile / Phone No
1.	_____	_____	_____

Status of Jharkhand factories Rules, 1950

(a). Reference no and date of approval of the plans for site _____ Reference No. _____
 Approval Date _____
 whether for old or new building and for construction of _____
 extension of factory by the state Govt. / Chief inspector _____

(b). Reference no and date of approval of arrangements, if _____ Reference No. _____ Approval Date _____
 any, made for the disposal of trade waste and effluents and _____
 the name of the authority granting such approval _____

TERMS & CONDITIONS

I / We do hereby certify that all the above mentioned information are true as per best of my / our knowledge. Also I accept all the terms & conditions.

VERIFICATION

I the above named Occupier do hereby further solemnly affirm that the contents given above are true to the best of my knowledge.

Place: _____

Date: _____

Signature of Occupier

Form XV

[see rule 68(5)(iv)]

Government of Jharkhand
 FACTORY INSPECTION DEPARTMENT
 (Department of Labour, Employment, Training & Skill Development)
 LICENCE

Under Rule 43(5)(iv) to 10 of the Jharkhand Occupational Safety and Working Condition Rule 2021

Application Id -

Lincence No. -

1. Name of the Factory :

2. Licence valid up to :

3. Full Address of Factory :

Address :

Land mark :

Post Office :

Police Station :

Block :

District :

State :

PIN Code :

4. Name of Occupier :

4a. Type of organising body :

5. Maximum number of persons to be employed on any day :

Fee Datils:

6. Total installed capacity (Not Exceding)

(a) In Horse Power [Other than (b)] :

(b) In case of Elecricity generating,

Generating and Transforming Station : D.G.SET:

Transformer:

SD/-

INSPECTOR OF FACTORIES

Note :

1. This Fee is deposited for the period up to 31st December.....

2. Nature of Manufacturing process of this Licence is :.....

3. This is a compter generated certificate, does not require any seal or signature

4. This certificate has been generated on the basis of the information give by the applicant and is valid for the purpose of this act.

FORM XVI

[see rule 68(7)]

AMENDMENT OF FACTORY LICENCE

1.	LIN (if any)	
2.	Licence number	
NAME OF OCCUPIER		
Previous installed capacity of Generator in K. W.		
Previous installed capacity of Transformer in K. W.		

Previous installed capacity of transmitting station in K.W.	
Name and residential address of outgoing manager	
Current name of the factory	
Previous address / situation of the factory	
Current number of workers in the factory	
Current installed capacity of Motor / Engine in H.P	
Current installed capacity of Generator in K.W.	
Current installed capacity of Transformer in K.W.	
Current installed capacity of transmitting station in K.W.	
Name of current manager	
Residential address of current manager	

A.	Whether factory involves hazardous process	
B.	Whether factory involves dangerous operations	
C.	Manufacturing process to be carried on in the factory during the next twelve months	

Signature of occupier : _____

FORM No.-XVII

[See rules 68 (8)]

APPLICATION FOR TRANSFER OF LICENCE

Licence number-	_____
Registration number-	_____
LIN -	_____

Name of factory – _____
Address of factory- _____
Name of manger- _____
Total number of workers- _____
Power details – Motor capacity- _____ HP
Generation capacity- _____ KW
Transformer capacity- _____ KW
Transmitting capacity - _____ KW

Name of outgoing occupier _____
Name and address of current occupier _____
Reason for transfer of factory occupier _____

Signature of manager _____

Signature of current occupier _____

FORM No. XVIII

[See rule 68(12)]

Notice of Change of Manager

Manager Information:

Type of Change : Temporary Permanent

Date of commencement of Change: (Select Date)

Full Name of the Manager: _____ Father's Name : _____.

Date of Birth: _____ Aadhar No.: _____

E-Mail Id: _____ Mobile No.: _____

Residential Address:

Country: India Pan No.: _____

Address: _____ Landmark: _____.

Post Office: _____ Police station: _____.

State: _____ District: _____ Block _____.

Pin Code: _____ STD Code: _____ Phone No: _____.

Form XIX**(Certificate of Fitness for Dangerous Operation/hazardous process industries)****[See rule 68 (4) schedule III, sub schedule 15(11)]**

1. Serial Number—
2. Name of person examined—
3. Father's name —
4. Sex —
5. Date of Birth—
6. Address—
7. Name of the factory in which employed/in which wishes to be employed—
8. Physical fitness—
9. Descriptive marks—
10. Process of department in which employed/wishes to be employed—
11. Whether certificate granted—
12. Whether declared unfit and certificate refused—
13. Reference number of previous certificate granted or refused—

L.T.I of person examined.

Signature of medical officer

Serial Number.....

I _____ certify that I _____ have personally examined.....(Name) son of.....

.....(Father's name) residing at.....(address) who is desirous of being employed as..... (name of factory) in..... (Deptt. & Process), that as nearly as can be ascertained from by examination, he is fit/unfit for employment at the above noted factory.

2. He is fit to be employed and may be employed on some other non-hazardous operation such as-
3. He may be produced for further examination after a period of-
4. He is advised following further examination -
5. He is advised following treatment -
6. The serial number of the previous certificate is-

L.T.I of person examined.

Signature of medical officer .

Note :- 1. The counterfoil should be retained by the medical officer and maintained in a bound book or in a file.

2. The Para which does not apply may be cancelled.

Form No. XX
[(See Rule-68 Sub-Schedules)]
Health Register

(In respect of persons employed in occupations declared to be dangerous operations and hazardous).

Name of medical officer														
Name of factory----														
Registration number _____														
LIN no. _____														
Factory licence number _____														
Works No.	Name of worker	Sex	Age (last birthday)	Date of employment on present work	Date of leaving or transfer to other work	Reason for leaving, transfer or discharge	Nature of job or occupation	Raw material or by product handled	Date of Medical Examination by medical officer/qualified medical practitioner	Result of Medical Examination	If suspended from work, state period of suspension with detailed reasons	Re-certified to resume duty on (with signature of medical officer)	If certificate of unfitness or suspension issued to worker	Signature, with date of medical officer /qualified medical practitioner
2	3	4	5	6	7	8	9	10	11		12	13	14	15

For transfer or discharge should be stated Unfit/Suspended.

Form No. XXI**[See rule 46 schedule III, sub schedule 6(7)]****Special Certificate of Fitness.****(In respect of persons employed in operations involving use of lead compounds.)**

Serial no

Date

I hereby certify that I have personally examined son of
 residing at who is desirous of being
 employed as and that his/her age as nearly as can be ascertained from my
 examination is , years, and that he/she is in my opinion, fit for employment at work involving the
 use of lead compounds. His/her descriptive marks are:

.....

L.T.I. of person examined.
 Surgeon.

Certifying

I certify that I examined the person mentioned above on.....	I extend this certificate until.....	Signature of Certifying Surgeon.	Note of symptom of lead poisoning if any.

Form XXII**[see Rule 68 schedule III) (sub-schedule 33)]***Report of examination of Pressure Vessel*

1. Name of Occupier of factory -
2. Location and address of factory -
3. Name, description and distinctive number of pressure vessel. -
4. Name and address to manufacture -
5. Nature of process in which it is used -
6. Particulars of vessel -
 - (a) Year of manufacture -
 - (b) Date on which the vessel was first taken into use. -

- (c) Thickness of walls -
- (d) Safe working pressure recommended by the manufacture. -
- (e) History of the vessel in brief. -
- (f) Has the examiner seen the last examination and test report? -
- Was the vessel subjected to hydrostatic test? -
- If yes, the pressure applied. -
7. Is the vessel is open, or otherwise exposed to weather or to damp? -
8. Details of an examination made and test conducted by the examiner. -
9. What pressure was applied in hydraulic test was conducted by the examiner? -
10. What parts, if any, were inaccessible? -
11. Condition of vessel (State any defects materially affecting the safe working pressure or the safe working of the vessel) -
- External -
- Internal -
12. Are fittings and appliances provided in accordance with the Rules for Pressure Plants? (Name fittings and appliances provided). -
13. Are all fittings and appliances properly maintained and in good condition? If not the defects should be recorded
14. Repairs, if any required, and the period within which they should be executed and any other condition which the person making the examination thinks it necessary to specify for securing safe working.
15. Safe working pressure, calculate from dimensions and from the thickness and other data ascertained by the present examination, due allowance being made for conditions of working if unusual or exceptionally severe. (State minimum thickness of walls measured during the examination).
16. Where repairs affecting the safe working pressure are required, state the working pressure –
- (a) Before the expiration of the period specified in (15).
- (b) After the expiration of such period if the required repairs have not been completed.
- (c) After the completion of the required repairs.
17. Other observations. -

I certify that on.....the pressure vessel described above was thoroughly cleaned and (so far its construction permits) made accessible for thorough examination and that on the said date, I thoroughly examined this pressure vessel, including its fittings and that the above is a true report of my examination.

Signature.....

Qualification..... ..

Address.....

Date.....

If employed by a company or association give name and address of the Company or Association.....

[(See Rule 68) (Schedule III) (sub schedule 33)]

Register of Water-sealed Gas-holder

1. Name and address of factory	...	...
2. Distinguishing number of the gas-holder	...	...
3. Locomotion and department	...	...
4. Type and gas-holder	...	...
5. Fuel used	...	...
6. Name and address of manufacturer	...	...
7. Date of manufacture	...	...
8. Capacity in cu. Metre/cu. Ft	...	...
9. Number of lifts	...	...
10. Pressure thrown by holder when full of gas	...	...

Serial No.	Date of examination carried on under sub-rules (4) and (5).	Name, qualifications, designation, of examining person.	Method and details of examination carried out.	Remarks and observations of the examining person.	Signature of the examining person.	Signature of the manager or occupier.	Details with dates of painting, overhauling, other routine maintenance work carried out.	Details with dates of repairs, modifications, or alterations carried out.		Signature with date of Manager or occupier.
								Particulars and description.	Name, qualification and designation of the person carrying out the repairs.	
1	2	3	4	5	6	7	8	9	10	11

NOTE. – Separate page will be allotted to each gas-holder.

Form XXIV

[(See Rule 68) (Schedule III) (sub schedule 33)]

Report of examination of Water sealed Gas-holder**PART I**

1. Name and address of the factory.
2. Department where the gas-holder is located.
3. Details of the Gas-holder.-
 - (a) Distinguishing number of the gas-holder.
 - (b) Type and description of the gas-holder.
 - (c) Name and address of the manufacturer.
 - (d) Date of manufacture.

- (e) Other details, if any.
4. Particulars of gas to be stored in holder.
5. Particulars of the condition of the following as observed at the time of examination: -
- (a) Cown.
- (b) Side sheeting, including grips and cups.
- (c) Guiding mechanism, (Roller carriages, rollers, pins, guide rails and ropes).
- (d) Tank.
- (e) Other structure, if any, including columns, farming and bracing.
- (f) Any other observation.
6. Particulars of the position of the lift as observed at the time of examination.
7. Were the tank and lifts found sufficiently level for safe working? If not, the steps necessary to remedy the defects.
8. Fittings and appliances –
- (a) Are all fittings and appliances properly maintained and in a good condition?
- (b) Repairs if any, required.
- (c) The period within which the repairs must be carried out.
9. Any other condition or measure that the examining person may consider necessary for safe working of the gas-holder.
10. Is the gas-holder in such a condition as not to be considered safe to be kept in operation?.
11. Other remarks and observations.
12. Date of Examination.

I certify that on...the gas-holder described above was thoroughly examined and such of the tests as were necessary made on the same day and that the above is a true report of my examination.

Signature of the Examiner.

(Full name)

Date

Qualifications

Address

Signature of Manager

Or

Occupier.

PART II

Detail of the repairs carried out or other steps or measure taken to remove the defects and to comply with the suggestions, recommendations and observations made by the examining person with dates.

Details.

Dates.

(1)

(2)

(3)

Signature of Manager or Occupier.

Form No. XXV**Register of trained adult male workers employed to carry out mounting or shifting of Belts, Lubrications, etc.**

[Rule 68 Schedule III, sub-schedule 36]

1. Name of the factory, location and address
2. Registration number

Sl. No.	Name of the worker.	Serial No. in register of adult workers (from no.....) and ticket number if any.	Department in which employed.	Work on which employed. Details of training.	Signature of Manager.	Remarks.
1	2	3	4	5	6	7

Form No. XXVI**Certificate to young person considered fit to work at Machine, Plant or Process of dangerous character**

[Rule 68 Schedule III, sub-schedule 36]

1. Serial number ...
2. Name of the factory and location ...
3. Registration number of factory ...
4. Name of the young persons ..
5. Serial number in the register of adult worker (form no) or register of child workers (form no ...)
6. Number and reference of the certificate of fitness granted by the certifying surgeon.
7. Department and machine, plant and process on which the young person is to be employed.

Certified that the young persons mentioned above have been fully instructed by me as to the dangers arising in connection with the Machine/Plant/Process mentioned above and as to the precautions to be

observed and has received sufficient training in work on the Machine/Plant/Process and that in my opinion he is fit to be employed on the said Machine/Plant/Process.

2. He is fit to be employed under the adequate and direct supervision of

Signature of the Manager. Signature of the Certifying Officer.

Full name and designation.

Form No. XXVII

[Rule 68 Schedule III, sub-schedule 36]

Record of Eye Examination

Sl. No.	Deptt/works	Name of Worker	Sex.	Age (on last birth day).	
1	2	3	4	5	
	Occupation	Examination of eye sight			
Nature of work	Date of Employment.	Date	Result	Signature of Ophthalmologist.	Remarks.
6	7	8	9	10	11

[(See Rule-69(i)]

FORMAT OF APPLICATION TO THE SITE APPRAISAL COMMITTEE

1. Name and address of the applicant

2. Site Ownership Data

2.1 Revenue details of site such as Survey No. Plot No. etc.

2.2 Whether the site is classified as forest and if so, whether approval of the Central Government under Section 5 of the Indian Forests Act, 1927 has been taken.

2.3 Whether the proposed site attracts the provisions of Section 3(2) (v) of the E.P.Act, 1986, if so, the nature of the restrictions.

2.4 Local authority under whose jurisdiction the site is located.

3. Site Plan

3.1 Site Plan with clear identification of boundaries and total area proposed to be occupied and showing the following details nearby the proposed site.

(a) Historical monument, if any, in the vicinity.

(b) Names of neighboring manufacturing units and human habitats, educational and training institutions, petrol installations, storages of LPG and other hazardous substances in the vicinity and their distances from the proposed unit.

(c) Water sources (rivers, streams, canals, dams, water filtration plants, etc.) in the vicinity. (d) Nearest hospitals, fire stations, civil defence stations and police stations and their distances.

(e) High tension electrical transmission lines, pipelines for water, oil gas or sewerage; railway lines, roads, stations; jetties and other similar installations.

3.2 Details of soil conditions and depth at which hard strata obtained.

3.3 Contour map of the area showing nearby hillocks and difference in levels.

3.4 Plot Plan of the factory showing the entry and exit points, roads within, water drains, etc.

4. Project Report

4.1 A summary of the salient features of the Projects.

4.2 Status of the organisation (Government, Semi Government, Public or Private etc.)

4.3 Maximum number of persons likely to be working in the factory.

4.4 Maximum amount of power and water requirements and source of their supply.

4.5 Block diagram of the buildings and installations, in the proposed supply.

4.6 Details of housing colony, hospital, school and other infrastructural facilities proposed.

5. Organisation structure of the proposed manufacturing unit/factory

5.1 Organisation diagrams of – - Proposed enterprise in general - Health; Safety and Environment protection departments and their linkage to operation and technical departments.

5.2 Proposed Health and Safety Policy.

5.3 Area allocated for treatment of wastes and effluent.

5.4 Percentage outlay on safety, health and environment protection measures.

6. Meteorological data relating to the site

6.1 Average, minimum and maximum of - Temperature - Humidity - Wind velocities during the previous ten years

6.2 Seasonal variations of wind direction

6.3 Highest water level reached during the floods in the area recorded so far.

6.4 Lightning and seismic data of the area.

7. Communication Links

7.1 Availability of telephone/telex/wireless and other communication facilities for outside communication.

7.2 Internal communication facilities proposed

8. Manufacturing Process Information

8.1 Process flow diagram

8.2 Brief write-up on process and technology

8.3 Critical process parameters such as pressure buildup temperature rise and run- away reactions

8.4 Other external effects critical to the process having safety implications, such as ingress of moisture or water, contact with incompatible substances, sudden power failure.

8.5 Highlights of the built-in safety/pollution control devices or measures/incorporated in the manufacturing technology.

9. Information of Hazardous Materials

9.1 Raw materials, intermediates, products and by-products and their quantities (Enclose Material Safety Data Sheet in respect of each hazardous substance)

9.2 Main and intermediate storages proposed for raw materials/intermediates/products/by-products (maximum quantities to be stored at any time).

9.3 Transportation methods to be used for materials inflow and outflow, their quantities and likely routes to be followed

9.4 Safety measures proposed for: - handling of materials; - internal and external transportation; and - disposal (packing and forwarding of finished products)

10. Information on Dispersal/Disposal of Wastes and Pollutants

10.1 Major Pollutants (gas, liquid, solid) their characteristics and quantities (average and at peak loads)

10.2 Quality and quantity of solid wastes generated, method of their treatment and disposal 10.3 Air, water and soil pollution problems anticipated and the proposed measures to control the same, including treatment and disposal of effluents.

11. Process Hazards Information

11.1 Enclose a copy of the report on environmental impact assessment

11.2 Enclose a copy of the report on Risk Assessment study.

11.3 Published (open or classified) reports, if any, on accident situations/occupational health hazards or similar plants elsewhere (within or outside the country)

12. Information of proposed Safety and Occupational Health Measures

12.1 Details of fire fighting facilities and minimum quantity of water, CO₂ and or other fire fighting measures needed to meet the emergencies

12.2 Details of in-house medical facilities proposed

13. Information on Emergency Preparedness

13.1 Onsite emergency plan

13.2 Proposed arrangements, if any, for mutual aid scheme with the group of neighboring factories

14. Any other relevant information

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

Name and Signature of the Applicant.

¹SCHEDULE-‘A’

[(Rule -43(5)]

Scale of fees payable for Grant of licence and Annual fees for Factories defined under section 2 (m) of the Factories Act, 1948

Other than Electricity Generating, Transforming Factories

Sl. No.	Total rated capacity (power) of the machineries and plants installed expressed in HORSE POWER	Maximum number of persons proposed to be employed on any one day during the year for which licence is to be taken.												
		20	50	100	250	500	750	1,000	2,000	5,000	10,000	25,000	Over 25,000	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1	Nil		400	1,560	1,800	2,200	3,000	4,000	6,000	7,000	8,000	9,000	9,800	12,000
2	Not Exceeding	10	900	1,600	2,200	3,000	4,600	8,000	10,000	12,000	18,000	38,000	40,000	1,00,000
3	Ditto	50	1,800	2,600	3,000	4,200	6,600	8,600	12,400	14,000	20,000	40,000	48,000	1,20,000
4	Ditto	100	2,600	4,000	6,000	8,600	10,000	16,000	18,000	22,000	26,000	32,000	60,000	1,24,000
5	Ditto	250	4,000	6,000	8,600	10,000	16,000	48,000	22,000	26,000	32,000	63,000	1,01,000	1,50,000
6	Ditto	500	21,600	27,000	28,500	30,000	33,000	42,180	49,740	56,250	1,01,250	1,26,630	1,97,340	2,92,500
7	Ditto	1,000	27,000	28,500	30,000	36,900	42,750	50,040	56,250	70,290	1,10,040	1,35,000	2,16,540	3,04,200
8	Ditto	2,000	28,500	30,000	36,900	50,100	56,250	71,250	75,300	81,300	1,18,140	1,43,790	2,26,800	3,15,000
9	Ditto	5,000	36,900	50,100	54,000	57,300	60,000	75,300	81,300	84,450	1,35,000	1,96,650	2,46,000	3,32,100
10	Ditto	10,000	54,000	57,000	60,000	75,300	31,300	84,450	1,35,000	1,34,650	1,83,000	2,46,000	2,73,900	3,63,000
11	Ditto	25,000	81,360	84,450	1,35,000	1,54,650	1,83,000	24,600	2,73,900	3,03,300	3,30,000	3,63,000	4,80,000	5,10,000

12	Above	25,000	84,450	1,54,650	1,83,000	2,46,000	2,73,900	3,03,300	3,30,000	3,93,000	4,80,000	5,07,000	5,10,000	5,40,000
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SCHEDULE-'B'

Scale of fees payable for Grant of Licence and Annual fees by all Electricity Generating. Transforming and Transmitting station (Factories).

(a) Generating and Transforming stations (Factories): -

	Total installed Generating Capacity in K.W.	Generating Station	Transforming (including Conversion Station)
	K.W.	Rs.	Rs.
Not exceeding	50	750	450
Ditto	100	1,150	650
Ditto	150	1,300	900
Ditto	300	1,500	1,400
Ditto	500	2,000	1,500
Ditto	750	3,000	2,250
Ditto	1,000	4,000	3,000
Ditto	2,500	7,000	4,300
Ditto	5,000	9,000	5,000
Ditto	10,000	11,000	6,000
Ditto	25,000	15,000	9,000
Ditto	50,000	24,000	12,000
Ditto	75,000	30,000	15,000
Ditto	1,00,000	39,000	18,000
Ditto	1,50,000	48,000	24,000
Ditto	2,00,000	60,000	36,000
Ditto	3,00,000	78,000	48,000
Ditto	4,00,000	96,000	60,000
Ditto	5,00,000	1,14,000	72,000
Ditto	6,00,000	1,32,000	84,000
Ditto	7,00,000	1,50,000	96,000
Above	7,00,000	1,68,000	1,08,000

b) All transmitting stations (Factories) Rs. 22,500.00

Explanations. –(1) total rated Capacity (power) of machinery of plants means: -

a) In case of machinery of plants which generates or provides power, the rated generating or producing capacity (power) ex-pressed in Horse Power;

SCHEDULE-‘C’

Scale of fees payable for grant of licence and annual fees Rs. 525.00
for factories declared under Section 85 of the Factories Act, 1948 (Act, 63 of 1948) other than Electricity Generating, Transforming and Transmitting Stations (Factories)

Form- H
(See rule 35)

APPLICATION FOR LICENSE

Application for License/ Renewal of License/Amendment of License (including Common/single license)					
I. Particulars of Establishment for which licence required:					
1. Name of Establishment:					
2. Address of establishment					
(a) Head Office address along with email Id :					
(b) Corporate office address along with email Id:					
3. Telephone Number :					
4. Activity as per National Industrial Classification : (Select all applicable activities given)					
5. Details of selected NIC Code:					
6. Nature of work carried on in main establishment :					
II. Details of Employer:					
1. Full Name of Employer .....relationship with establishment.					
2. Full Address of Employer:					
3. Email Id of employer:					
4. Mobile No. of employer:					
III. Particulars of the Contract Labour to be employed / is employed (If licence is required workwise)					
Locations of worksites	Name of works	Date of commencement	Date of completion	Name of Establishments in which contract labour is/proposed to be employed	Name Address, email id of the Site Incharge
1	2	3	4	5	6

5. Maximum number of **contract labour/ Inter-state migrant worker** proposed to be employed on the Establishment on any date:

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

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

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

Name of States in which the establishments are situated	Name of each work	Maximum number of labour will be/is employed	Date of commencement	Permanent establishment or probable date of completion	Maximum number of employees employed/ proposed to be employed	Registration number, if obtained, then details thereof
1	2	3	4	5	6	7

Signature of Contractor

APPLICATION FOR AMENDMENT OF LICENCE :

1. Licence No _____ Date: _____

2. LIN & PAN _____

3. Name and address of the establishment: _____

4. Details for which amendment is sought :

(a). Maximum number of worker presently employed : (If there is increase in the maximum number of workers to be employed, then additional fees/security deposit as per law needs to be deposited:

(b). Details of fees paid through e payment date on which made :

©. Other details requiring amendment in the licence issued (Necessary documents may be uploaded in support of change required)

Date of Application

Signature of the Contractor

Form- I
(See rule 35 (2))

Form of Certificate by Principal employer

Certified that I have engaged the applicant (Name of the Contractor) as a contractor in my establishment. I undertake to be bound by the all provisions of occupational safety health and working conditions code 2020 and Jharkhand rules mad thereunder in so far as the provisions or applicable to me in respect of employment of contract labour by the applicant in my establishment.

Date .-

Place .-

Signature of Principal employer Name and Address of Establishment

Form- J
(See Rule-38)

Form of license

Licence No.----- Reg. No.----- Date of Reg.-----

License is hereby granted to

(Name of the Contractor) for the premises known as -----(name of the principal employer)

Situated at

for use as a establishment within the limits stated herein after, subject to provisions of the Occupational Safety, Health and Working Conditions Code, 2020, and the rules made there under.

The-----20..

Issuing Authority

Sl.N	Date of	Valid For			

o.	issue	Maximum number of Contract labour /inter-state workers on any one day	Fee	Security deposit	Date of Payment

AMENDMENTS:

Signature of issuing authority

Year when Amended	Maximum number of Contract labour /workers on any one day	Date of payment of amendment fee	Date of Payme nt	Signature of the Issuing Authority

Signature of issuing authority

Form- K
(See Rule-41)

EXPERIENCE CERTIFICATE OF CONTRACT EMPLOYEE

<u>To whom so ever concerned</u>	
1.	Name of contractor/employer*:
2.	LIN/PAN No. of the contractor/employer *:
3.	Email Id of the contractor /employer*:
4.	Mobile No. of the contractor/employer *:
5.	Nature and location of work:
6.	Name of Principal Employer*:
7.	LIN/PAN No. of the Principal Employer:*
8.	Email Id of the Principal Employer :*
9.	Mobile No. of the Principal Employer:*
10.	Name of the worker*:
11.	UAN / Aadhaar No.:
12.	Mobile No. :
13.	Serial Number in the Employee Register:
14.	Registration number, date and name of the Board if the building and other construction worker is registered as a beneficiary:
15.	Period of Employment:
16.	Designation:
Seal and Signature of Contractor	
*Please strike off whichever is not applicable.	

To,

Form - L
(See rule 42)

Application for declaration of core activity

To,

Principal Secretary/Secretary,

Labour, Employment, Training and Skill Development Department

Government of Jharkhand.

- 1- (name and address of establishment) is engaged in manufacturing of
- 2- The flow chart of manufacturing process is attached herewith.
- 3- activity is core activity/non-core activity of the establishment
- 4- The detail of the activity in question
- 5- Detail grounds of the application
- 6- Number of workers employed in the activity in question
- 7- Total number of workers employed in the establishment.....

Prayer

.....
.....

Signature (Name and Address)

Verification

It is verified that the content of the application is true and correct to the best of my knowledge and belief

Signature (Name and Address)

Form- M

(See rule 46(1))

Form of Agreement

This agreement is made on this day monthyear between Messershaving office at..... (here in after referred to as the—Producer) on the first part and Shri/Smt/Kum.....son/daughter/wifeofShri.....residing at (here in after referred to as the—audio-visual worker) on the second part. The terms Producer ‘and audio-visual worker ‘shall include their heirs, successors, administrators and legal representatives:

Now, therefore this agreement is made as follows:

1. That both the parties agree that the duration of this agreement shall be from the date hereof till the completion of the audio-visual and this period shall not exceed consecutive months.
2. That the audio-visual worker agrees to attend studio, location or work place, as the case may be, subject to the requirement of his previous engagement and on his confirmation, to his respective job punctually as and when he shall be required by a written intimation by the Producer or the person duly authorised by him in writing.
3. That inconsideration of the audio-visual worker services, as aforesaid, the Producer agrees to pay and the audio- visual worker agrees to receive a sum of Rs.(Rupees) payable as advance on signing of this agreement and the balance of Rs.....payable in equal installments.
4. That in the event of the audio-visual production being not complete within the stipulated period and the Producer still needing the services of the audio-visual worker to complete the audio-visual production, the producer agrees to pay and the audio-visual worker agrees to receive additional remuneration on pro-rata basis, payable in the same manner as stated in Clause 3 above, till the completion of the production.
5. That in case the assignment of the audio-visual worker is completed earlier than the period stipulated in Clauses 1 and 4 above, the producer shall settle the account of the audio-visual worker and pay the remaining balance of the agreement amount in full before the commencement of re-recording work/censor of the production, whichever is earlier.
6. That the audio-visual worker shall, if so required,
 - (a) attend the studios, location or work-place, as the case may be, earlier than the a scheduled time of the shift, for preparatory work, and in that case, he/she shall be paid by the Producer extra wages at the rate of Rs per hour or part thereof for such early attendance.
 - (b) continue to work beyond the working day, with one hour break and in that case, he/she shall be paid by the Producer extra wages at the rate of Rs for the work during the extended hours and refreshments, and transport facilities.

8. That the Producer shall provide transport and food or pay traveling allowances to and fro to report to duty and food allowance while on duty as are customary or fixed by bilateral arrangements between the Producer's and audio-visual worker's representative organizations.
9. 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.
10. 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.
11. That where the Producer is prevented from proceeding with the production of the audio-visual by reason of fire, riot, natural calamity, order of the public authority or any other reason beyond his control:-
- (a) he shall be entitled to suspend the operation of this agreement during the period of suspension of production in case the production is suspended. The producer shall serve notice in writing of such suspension on the audio-visual worker and shall pay all his/her dues up to the date of service of such notice. Upon resumption of work on the film, this agreement shall revive and shall remain valid for the period stipulated in Clause I excluding the period of suspension therefrom; or
- (b) he shall be entitled to terminate this agreement as from the cessation of production, in case the production ceases completely. The producer shall serve a notice in writing of such cessation on the audio-visual worker and make payment of all the amount due to the audio-visual worker at the time of termination.
12. That in case if the Producer desires to terminate this agreement before the expiry of its term for reasons other than misconduct in relation to performance of the audio-visual worker's duties or of his/her unwillingness to perform the services required under this agreement, the producer shall be entitled to do so only upon payment of the balance of the stipulated amount of the agreement. Only after such payment to the audio-visual worker, the Producer shall be entitled to employ another audio-visual worker in his/her place.
13. That the Producer shall have the right to terminate this agreement on ground of misconduct on the part of the audio-visual worker in relation to performance of his/her duties or his/her unwillingness to perform the service required under the agreement, upon payment to the audio-visual worker of the amount due at the time of termination, calculated taking into consideration the audio-visual worker's total work in the audio-visual and the work he/she has completed till the date of termination of this agreement. Termination under this clause shall not be made unless the charges of the Producer against the audio-visual worker are proved before a forum comprising equal number of representatives of the Producers' Organisation and the audio-visual worker's Organisation to which the Producer and the audio-visual worker respectively may belong. The decision of the forum shall be binding on both the parties. The producer can engage another audio-visual worker for the job towards this agreement only after the forum has given a decision in favour

of such termination and the audio-visual worker has been paid all his dues.

14. 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.

15. That the Producer shall have the right to decide the manner of representing the audio-visual worker's personality on the screen, his/her clothes, make-up and hair-style and the audio-visual worker shall fully and willingly comply with the direction of the Producer in this regard, provided that the requirements of the Producer in this respect have been notified to the audio-visual worker and accepted by him/her.

16. 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.

17. 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.

18. 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.

19. That where the Producer is prevented from proceeding with the production of the audio-visual by reason of fire, riot, natural calamity, order of the public authority or any other reason beyond his control:-

(a) he shall be entitled to suspend the operation of this agreement during the period of suspension of production in case the production is suspended. The producer shall serve notice in writing of such suspension on the audio-visual worker and shall pay all his/her dues up to the date of service of such notice. Upon resumption of work on the film, this agreement shall revive and shall remain valid for the period stipulated in Clause I excluding the period of suspension there from ;or

(b) he shall be entitled to terminate this agreement as from the cessation of production, in case the production ceases completely. The producer shall serve a notice in writing of such cessation on the audio-visual worker and make payment of all the amount due to the audio-visual worker at the time of termination.

20. That in case if the Producer desires to terminate this agreement before the expiry of its term for reasons other than misconduct in relation to performance of the audio-visual worker's duties or of his/her unwillingness to perform the services required under this agreement the producer shall be entitled to do so only upon payment of the balance of the stipulated amount of the

agreement. Only after such payment to the audio-visual worker, the Producer shall be titled to employ another audio-visual worker in his/her place.

21. That the Producer shall have the right to terminate this agreement on ground of misconduct on the part of the audio-visual worker in relation to performance of his/her duties or his/her unwillingness to perform the service required under the agreement, upon payment to the audio-visual worker of the amount due at the time of termination, calculated taking into consideration the audio-visual worker's total work in the audio-visual and the work he/she has completed till the date of termination of this agreement. Termination under this clause shall not be made unless the charges of the Producer against the audio-visual worker are provided before a forum comprising equal number of representatives of the Producers' Organisation and the audio-visual worker's Organisation to which the Producer and the audio-visual worker respectively may belong. The decision of the forum shall be binding on both the parties. The producer can engage another audio-visual worker for the job towards this agreement only after the forum has given a decision in favor of such termination and the audio-visual worker has been paid all his dues.

22. 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.

23. That the Producer shall have the right to decide the manner of representing the audio-visual worker's personality on the screen, his/her clothes, make-up and hair-style and the audio-visual worker shall fully and willingly comply with the direction of the Producer in this regard, provided that the requirements of the Producer in this respect have been notified to the audio-visual worker and accepted by him/her.

24. 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.

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

26. 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.

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

28. That the Producer shall not utilize the work of the audio-visual worker in any film, other than the audio-visual under this agreement, without prior permission of the audio-visual worker.

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

1. Witness Producer

2. Witness

Name Address

audio-visual worker

Name Address

Form-N

(See rule 48)

Application for grant of license

1. Full name of the industrial premises.....
2. (i) Full postal address and situation of the industrial premises.
(ii) Full address to which communication relating to the industrial premises should be sent.....
(iii) Full address of the applicant.*
3. Maximum number of employees proposed to be employed on any one day during the financial year.
4. Full name and residential address of the person who shall be the employer for the purposes of the Code
5. If the employer is a partnership company, full name and residential address of other partners or directors. (see Note at the end).....
6. Financial resources of the employer e.g., particulars and value of movable and immovable properties, bank reference, income-tax assessment.....
7. Whether the employer is a trade mark holder registered under the Trade and Merchandise Marks Act, 1958.....
8. Whether the proposed site of the industrial premises amounts to the alteration of the site of any existing industrial premises and, if so, the reasons for such alteration.
9. Source of obtaining tobacco.....
10. Whether the beedis or cigars or both manufactured by the applicant* will be sold and marketed by himself or through a proprietor or a registered user of a trade mark registered under the Trade and Merchandise Marks Act, 1958, or any other person.
.....
11. Whether the plans of the premises are enclosed. (Yes/No)
12. Amount of fee Rs.

I Hereby declare that the particulars furnished by me in the form are to the best of my knowledge and belief accurate

Date

Signature of applicant*

Note .- Where an industrial premises are run or proposed to be run by a contractor for or on behalf of another person or persons or company, the said other person or persons or company is under the Act the employer and particulars to be entered for “employer” in the Form should be in regard to such person, persons or company.

*The applicant for licence may, however, be either the contractor or the employer.

Form- O

(See rule 48(4))

Form of Declaration by employer

I/we hereby declare that the contents given in the application for license is true and complete in all respect and I/We fulfill the requirement of the license as provided in provisions of Occupational Safety Health and Working Conditions Code, 2020 and Jharkhand rules made thereunder.

I/we further declare that I/We will be fully responsible for any of the particulars given in the application and if any of the contents found incorrect the license given to me/us may be withdrawn by the Authorities under the Code, 2020.

Date .-

Signature (Name and Address)

Form- P

(See rule 51)

Record of Outside work

Name and date of Government Order permitting work outside the industrial premises ----

Date	Place or places where outside work was permitted	Nature of work	Name of employee	Remark
1	2	3	4	5

Form-Z

[See rule-95(1)]

NOTICE UNDER SUB-SECTION (1) OF SECTION 114 FOR COMPOSITION OF OFFENCE

To,

.....,

.....

.....

(1) Your establishment has been inspected by Inspector-cum-Facilitator on of of 20.....

(2) In the said inspection you have been found violating Section of the Code.

(3) As per provisions of sub-section (1) of Section 56 read with Sub-Rule (1) of Rule 38, you are hereby given notice to the effect that if you are willing to apply for composition of offence, you may apply for composition by submitting the application in Form VI-A along with deposit of Rupees /- through treasury challan or electronically on the departmental portal of Labour Commissioner. The details of which are given below.-

(i) Treasury Head

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Or

(ii) Flow chart of electronic payment.-

.....

(Signature)

Name and designation of the

Officer.....

Form-AA
[See rule-95 (1)]

APPLICATION UNDER SUB-SECTION (1) OF SECTION 114 FOR COMPOSITION OF OFFENCE

To,

.....
.....
.....

Kindly refer to your notice no. dated I/we hereby applying for composition of Offence and I have deposited Rs...../- as the amount of Composition by depositing through Treasury Challan or electronically through the portal of Labour Commissioner on/...../..... (dd/mm/year).

So please accept my application and close the proceeding under the Code. Dated:

Enclosure: The Treasury Challan/Payment receipt of electronic Payment.

(Signature)

Name of the Applicant

- (1) Name of the establishment:.....
- (2) Address of Establishment :.....