

FORM-I
(See Rule-3)

Application for Registration of Establishments /Amendment of Certificate of Registration

A. Establishment Details.

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

4 Type of Establishment(Factory/ Beedi /Plantation/ Construction/other Establishment).

4 (a) For factories:

Details of manufacturing processes	Full postal address with PIN and location of the factory along with plan and approval details	Name and address with phone number and e-mail of the occupier and manager
		Maximum number of workers to be employed on any day

(4)

(1)

(2)

(3)

4(b) For building and other construction work:

Type of Construction work	Probable Date of commencement work	of Expected period for or probable date of completion of work.	Details of approval of the local authority
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(1)

(2)

364

(3)

(4)

4(c) For Plantations

Name of crops grown	Area in hectare	Taluk and village	Survey no. and sub divisional no.
(1)	(2)	(3)	(4)

4(d) For Motor Transports undertaking

Nature of motor transport service	Total number of motor transport vehicles	registration number of vehicles	Maximum number of workers to be employed on any day
(1)	(2)	(3)	(4)

5. Ownership Type & Sector:

6. Activity as per National Industrial Classification:

7. Details of Selected NIC Code:

8. Identification of the establishment e-sign/ digital sign of employer/representative:

B. Details of Employer:-

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

2. Designation :

3. Father's/ Husband's Name

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 no. of Contractor	Name of Work / Project	Maximum No. of Contract labourers engaged	Commencement Date / Probable Completion date of work
(1)	(2)	(3)	(4)	(5)

E. Others Details if any :-

Dated:-

Signature/ E-sign/digital sign of employer

Place;-



FORM-II**(See Rule-3(10))****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 and email of Employer	Total number of Workers and Total Horsepower (if any)	Total number of contract Workers	Remarks
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)

(a) Factories

(b) Building and other Construction work

(c) Contract work

(d) Interstate

Migrant Work

(e) Any other work
(not covered above)

FORM-III**(See Rule- 5)****Notice of Commencement / cessation of operation 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:-

In case of notice of commencement of work:

I/We hereby intimate that the work of establishment having registration No.....
dated..... has commenced on.....(Date) and is likely to be
 completed on..... (Date).

In case of notice of cessation of operation or completion of work:

I/we hereby intimate the completion of work / cessation of operation of the establishment
 having registration No.....dated.....on(Date) and 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.

* Strike off whichever is not applicable.

Signature of the Employer

To,
 The Inspector-cum-Facilitator
 -----(office)



FORM-IV**(See Rule-6)****Proforma for medical examination to be conducted by a qualified medical practitioner****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 covered under Employees' State Insurance Scheme? If yes, provide IP Number.	Yes/No	
Is the employee under any other health scheme apart from ESI-Scheme? (If yes, provide the name of the scheme)	Yes / No	

B. Occupational History

Question	Answer	Remarks
Present designation of the employee:		
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 or currently suffering from:

Question	Answer (Yes/No)	Remarks
Anemia		
Jaundice		
Asthma		
COPD		
History of any Lung Disease: (If Yes, Please Specify)		
Vertigo/Dizziness		
Diabetes Mellitus		
Hyper tension		
Any type of Cancer (If Yes, Please Specify the type of Cancer)		
Chronic Low Back Pain		
Chronic pain in hand or elbow		
Hernia		
Hydrocele		
Varicose Vein		
Haemorrhoids		
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 (Yes/No)	Remarks
Smoking habit		
Chewing Tobacco or Pan Masala or Gutkha:		
Alcohol Addiction		
Dermatosis (Irritant Contact Dermatitis/Eczema/Chloracne/Allergic Contact Dermatitis):		
Mucosal Irritation of eyes/Nose/Throat with response to chemical agent or biological agent: Symptoms like Respiratory Difficulty/ Chest Tightness/ Dry Cough at beginning of shift: TB:		
Jaundice or Hepatitis:		
Low back pain		
Pain in hand or elbow: suffering from visual problems suffering from hearing problems		
Any injury		



(amputation/ fracture/ dislocation)

Any musculoskeletal sprains/ strains

E. Physical Examination

Date of Examination:

Question	Answer (Yes/No) or as appropriate	Remarks
General skin condition: (If any dermatitis, please mention its location)		
Weight (in Kg):		
Height (in meters)		
Temperature (in °c):		
BP:		
Pulse:		
SpO2:		
Respiratory Rate:		
wherever examination of breast of female-employee conducted.		

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)
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Report

Report:

H. Spirometry: attach the photocopy of the report (For employees in Mines)

Date:

Parameter	Answer (Normal/Increase/Decrease)	Value
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PEFR:

FEV1:

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 Employees in Mines)

Date:

Parameter	Value/Result/Interpretation
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Visual inspection of ear 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
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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 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

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-V
(See rule 6 (2) (a))
Health Register

- (xiv) Serial Number In the Register of Adult Worker:
- (xv) Name of Worker:
- (xvi) Sex :
- (xvii) Date of Birth :

1	2	3	4	5	6	7	8	9	Medical Examination and the results thereof			13	It declared unfit, unfit for woork			17	
									10	11	12		14	15	16		
									Department / Works	Signs and symptoms observed	Naturwe of test and results	Results Fit/ Unfit	Period of temporary withdrawal from the work	Reasons for such withdrawal	Date of declaring him unfit	Date of assuing fitness certificate	Signature with date of the factory Medical Officer/ the certifying swurgen.
									Name of Haqzardous process								
									Dangerous process/ operation								
									Nature of job or occupation								
									Raw materials produce or by products likely								
									Date of posting								
									Date of leaving/ transfer to the work								
									Reasons for discharge / leaving transfer								

Notes: 1. Separate page should be maintained for each worker.

2. Fresh entry should be made for each examination



FORM VI**[See Rule 6]****Certificate of fitness for employment in hazardous process and Operations****(To be issued by Factory Medical Officer)**

1. **Serial No. register of adult workers** :
2. **Name of the person examined** :
3. **Father's Name** :
4. **Sex** :
5. **Residence** :
6. **Date of birth, If available** :
7. **Name and address of the factory** :
8. **The workers is employed or proposed to be employed**
 - a. **Hazardous**
 - b. **Dangerous operation**

:

:

Certify that I have personally examined the above named person whose identification marks are And who is desirous of being employed in above mentioned process/operation and that his/her age, as nearly as can be ascertained from my examination is Years.

In my opinion he/she is fit for the said manufacturing process/operation.

In my opinion he/she is fit for employed in the manufacturing process/operation.for the reasons

He/she is referred for further examination to the Medical Officer. The serial number of the previous certificate is

Signature or left thumb impression of the person examined Signature of the Factory Medical Officer

Stamp of factory medical officer with name of the factory



I certify that I examined the person mentioned ³⁷⁷ above on (date of examination I extent
this certificate will (if certificate is not extended, the period for which the workers is
considered is unfit for work to be mentioned Signs and symptoms observed during
examination Signature of the factory medical officer with date

Notes: 1. If declared unfit, reference should be made immediately to the Medical Officer.

- 1. Medical Officer should communicate his finding to the occupier within 30 days
of receipt of this reference.**



NOTICE OF ACCIDENT OR DANGEROUS OCCURRENCE

1. Nature of industry and LIN of the establishment :
2. Employer's ESI Code :
3. Name of employer :
4. E.S.I.C. Insurance number of the injured person :
5. Address of work premise where the accident or dangerous occurrence took place :
6. Branch or department and exact place where the accident or dangerous occurrence took place :
7. Name and address of the injured person :
 - (b) Sex :
 - (c) Age (at the last birthday) :
 - (d) Occupation of the injured person :
8. Local E.S.I.C. Office to which the injured person is attached :
9. Date, shift and time of accident or dangerous occurrence :
10. (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 :
11. (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. :
12. In case the accident or dangerous occurrence took place while travelling in the employer's transport, state whether -



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

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

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

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

13. 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. :

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

15. Names and addresses of

witnesses : (1)

(2)

16. (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.)

17. (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 :

18. (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 :

19. (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, Name, Designation of Employer or the authorized person

Date of dispatch of report :

Place:



FORM VIII³⁸⁰

(See Rule 10 & 11)

Application by employee to Employer

To,

The Employer/Safety Officer -----

(Name of establishment) -----

(Address of establishment)

Subject: intimation of unsafe/unhealthy situation

Sir

[Detail of unsafe/unhealthy situation and proposed suggestions]

Name of Employee Designation



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FORM IX

(See Rule 11)

Action taken report in regard unsafe/unhealthy situation

It is brought to your knowledge that an unsafe/unhealthy situation [details] was brought into notice by [Name and designation of employee]. The remedial action report is submitted as below;

[Details of remedial action]

Employer



FORM-X

[See Rule-34]

NOTICE OF PERIODS OF WORK

Name of the Establishment Place

District

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

On working days

From ..

To ..

From ..

To ..

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-XI**[See rules-35(1)(a)]****REGISTER OF WAGES AND DEDUCTION**

Name of the Establishment:

Name of the Employer:

Name of the Owner:

PAN/TAN of the Employer:

Labour Identification Number (LIN):

Em plo yee cod e	Empl oyee name	Name of father /husb and	Sex	Date of Birt h	Addre ss	Ph ot o	Identi fatio n Mark	Des ign atio n	Designati on code/ grade as in Governm ent Order	Skill Cate gory (HS/ S/SS /US)	EP F No	E SI N o	Elect ion ID No	Aad har No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Mo bile Nu mbe r	E- mail ID	Date of joinin g	Ed uca tio nal Qu alif icat ion	Date of Exit	Reason for Exit	Ba nk Na me	IFS Code	Ban k Acc oun t Nu mb er	Days of attendanc e	Loss of pay days	We ekl y off grante d	Le ave grante d	Basi c	DA
16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
HR A/ C CA	Other Allo wanc es	Gross Month ly Wages	Ov erti me wage s	Leav e wage s	Nation al & Festiva l Holida	Ar rea pai	Bonus if any	Mat erni ty Ben	Total Amount	Emp loye es Prov ident	Em plo yee Sta	A dv ance	Welf are Fund	Tax Dedu cted at Sour



					ys wages	d		efit		Fun d	te Ins ura nce	s		ce
31	32	33	34	35	36	37	38	39	40	41	42	43	44	45
Ded ucti on of Fine , if any.	Dedu ction for Loss & Dama ges	Profes sional Tax or Other Deduc tion	Lo an Re Pay me nt	Loan Reco very	Total Deduct ions, if any	Ne t wa ge s pai d	Date of payme nt	Re mar ks	Signature of Employee					
46	47	48	49	50	51	52	53	54	55					



FORM-XII**(See Rule-35(1)(b))****REGISTER OF ACCIDENTS AND DANGEROUS OCCURRENCES****Name of establishment:-----****LIN:-----**

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



FORM-XIII**[See Rule-35(1)(c)]****REGISTER FOR LEAVE WITH WAGES**

Part I – Adults

Part II - Adolescents

Establishment:

Name of worker :

Department :

Father's Name:

SI No.	SI No. In the register of workers	Date of entry in to service	Interruptions					Leave with effect from	Whether leave not desi red during the next 12 months	Date from which the worker is allowed leave	Wages for leave paid in	Discharged worker		Remarks
			Sickness and accidents	Authorised Leave	LockOut or Legal Strike	Involuntary unem-ployment	Others					Date of Discharge	Date & amount of paymwnents 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 - XIV*(See rule 35(1)(d))***Adolescent Worker Register**

Name and Address of establishment:

Sl. No	Name	Father's Name	Date of joining	Number and date of fitness certificate	Date of leaving the employment	Remarks



FORM XV

[See rule 35(1)(e)]

Muster Roll

Name of establishment..... Place

Sl No.	Name	Fathers'/ Husbands' Name	Sex	Date of Entry in	Designation / Category						Remarks
						1	2	3	4	5	



FORM XVI

[See rule 35(1)(f)]

WAGE SLIP

Name of establishment..... Address.....

Period.....

iii.	Name of Employee		
iv.	Father's/ Husbands Name		
v.	Designation/ category		
vi.	Date of entry in to service		
4.	UAN		
5.	Bank Account No.		
6.	Wage Period		
7.	.Rate of wages payable:	a. Basic	b. D. A
			c. Another allowances
8.	Total attendance/unit of work done		
9.	Overtime wages		
10.	Gross wages payable		
11.	Total deductions:	a. PF	b. ESI
			c. other
12.	Net wagtes paid with date		

Employer / Pay-in-charge
signature

FORM XVII A

(see rule 35 (2))

ATTENDANCE CARDName of
factory.....

Serial

No.....Department.....

Name of
work.....

Father's or Mother's name.....

Permanent
address.....Local
address.....

..

Date of commencement of
Employment

Signature or thumb impression

Of worker

*Date of termination of employment

*Note: - To be entered only when employment is terminated.

ENTRIES ON THE REVERSE SIDE

Month of19.....

1	2	3	4	5	6	7	8
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9	10	11	12	13	14	15	16
17	18	19	20	21	22	23	24
25	26	27	28	29	30	31	

.....
(Signature or initials of the
Manager or Time Keeper



FORM- XVIII
(See Rule-37)
ANNUAL RETURN
UNIFIED ANNUAL RETURN FORM
FOR THE YEAR ENDING.....

Single Integrated Return to be filed On-line under the Occupational Safety, Health and Working Conditions Code, 2020, the Code on Industrial Relations, 2020, the Code on Social Security , 2020, and the Code on Wages, 2019

Instructions to fill up the Annual Return

- (1) This return is to be filled-up and furnished on or before 28th or 29th February every year.
- (2) The return has two parts i.e. Part-I to be filled up by all establishments.
- (3) Part-II to be filled-up by the establishments who are a Mine only in addition to Part-I.
- (4) The terms Establishment and Mines shall have the same meaning as under the Occupational Safety, Health and Working Conditions Code, 2020.
- (5) This return is to be filled-up in case of Contractor or manpower supplier who have engaged more than 50 workers and in case of Mines even if there is one worker employed in the relevant period.

Applicable to All Establishments - Part-I

A. General Information:

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



10.	State		
11.	Pin code		
12.	Geo Co-ordinates		
B(a)	Hours of Work in a day		
.			
B(b)	Number of Shifts		
.			

C. Details of Manpower Deployed								
Details	Directly employed				Employed through Contractor			
	Male	Female	Transgender	Total	Male	Female	Transgender	Total
(i) Maximum No. of employees employed in the establishment in any day during the year								
ii) Average No. of employees employed in the establishment during the								
(iii) Migrant Worker out of (ii) above								
(iv) Number of fixed term employee engaged								

D. Details of contractors engaged in the Establishment:		
Sl. No.	Name with LIN of the Contractor	No. of Contract Labour Engaged

E. Details of various Health and Welfare Amenities provided.			
Sl. No.	Nature of various welfare amenities provided	Statutory (specify the statute)	Instructions for filling



1.	Whether facility of Canteen provided (as per section 24(v) of OSH Code, 2020)	Tick yes or no in the Box	Applicable to all establishments where in hundred or more worker including contract labour were ordinarily employed
2.	Creche (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, 2020.	Tick yes or no in the Box	Applicable to establishments and factories employing 500 workers or more, factory carrying on hazardous process and BoCW employing 250 workers or more, and mines employing 100 or more workers.
5.	Safety Officer (as per section 22(2) of OSH Code, 2020)	No. of safety officers Appointed	In case of mine 100 or more workers and in case of BoCW 250 or more workers are ordinarily employed.
6.	Qualified Medical Practitioner (as per Section 12 (2) of OSH Code 2020.	No. of Qualified Medical Practitioner appointed.	There is no specification for minimum number of Qualified Medical Practitioner employed in establishment. However, this detail is required to have data on occupational health.



F. The Industrial Relations:					
1.	Is the Works Committee has been functioning. (section 3 of IR Code, 2020)			Yes/No	
(a)	Date of its constitution.				
2.	Whether the Grievance Redressal Committee constituted (section 4 of IR Code, 2020)			Yes/No	
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	Retrenched	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. of employees covered	Total amount of bonus	Date on



No.	under the Bonus provision	actually paid	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

J. Man days and Production Lost due to accidents / dangerous occurrence

Sl. No.	Accident/Dangerous Occurrence	Man days lost	Producti on Lost
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FORM -XIX
[Rule-39(6)]
PROHIBITION ORDER AND IMPROVEMENT NOTICE

PART I
PROHIBITION ORDER

Notice of Inspector-cum-facilitator on Inspection of Establishment regarding non compliance of provisions of safety, health and working condition under the Code and Rule.

Name of the establishment,	the 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 establishments 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 :

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 me. 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.

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.

COMPLIANCE STATEMENT

Sir,

The contraventions 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

Dated at _____ this day of _____ 20_____

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 Where situated/lying Registration No of the LIN
establishment, lifting used/location No. of the



appliances, loose gear,
lifting device,
transport, equipment,
ladders and stagings,
scaffold;

establishment.

establishment

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.

CONTRAVENTIONS

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.

_____ 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.

COMPLIANCE STATEMENT

Sir,

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

Dated at _____ this day of _____ 20_____

To

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



FORM XX**(See Rule 43 (2)(ii))****Certificate of fitness for Adolescent**

Space for passport size
Photograph of the young
Person examined.

1. Serial No. register of adult :
workers
2. Name of the person examined :
3. Father's Name :
4. Sex :
5. Residence :
6. Date of birth, If available :
7. Referred by :
- a Name and address of the factory :
- b Name of Manager :
8. Manufacturing process in which :
young Person is proposed to be
employed

I certify that I have personally examined the named person whose identification marks are ----- and who is desirous of being employed in the above mentioned manufacturing process, and that his/her age, as nearly as can be ascertained from my examination is ----- years, and that he/she is * fit/unfit for employment in the said manufacturing process an *adult/child.

Physical disability, if any ----- Reasons for refusal/revocation of certificate

Signature or left hand thumb impression of the person examined

Signature of Certifying Surgeon Name (in block letters)



Date:

Notes:-

- c) To be issued by the Medical Officer and a copy to be retained for 2 years.
- d) As per the proviso to sub-section (2) of Section 69, the
- e) Medical Officer issuing this certificate should have personal knowledge of the place where the young person proposes to work and of the manufacturing process in which he will be employed.
- f) As per Section 69 (3) of the Act this certificate is valid for one year from the date of issue.
- g) In case of physical disability the exact details should be clearly stated.
- h) Please delete what is not applicable.
- i) Young person mean a child (who has completed 14 years and not completed 15 years) or and adolescent (who has completed 15 years and not completed 18 years of age).

**Information to be furnished by Occupier of Hazardous process Industry to the Chief
Inspector-cum-Facilitator**

1	Name of Factory	.....
		...
2	Address	.....
		...
3	No of workers	.....
		...
4	No of workers in hazardous process	.....
		...
5	Product	.....
		...
6	Manufacturing process	.....
		...



7	Hazardous processes involved	.....
		...
8	Details of Chemicals involved	.....
		...
Sl. No.	Name Of Chemical	Maximum Storage Capacity
1	Raw Materials	
	A	
	B	
	C	
	Etc	
2	Intermediate Products	
	A	
	B	
	C	
	Etc	
3	Finished Product	
	A	
	B	
	C	
	Etc	
9	Hazards associated with the Factory	.....
		...
10	Fire & Explosion risk	.....
		...
11	Safety Measures	.....
		...
12	Details of hazardous waste generation & disposal	.....
		...

Signature of Occupier



FORM-XXI**(See Rules 47(I (ii), 47(3),65,66, 149)****APPLICATION FOR LICENSE****Acknowledgement Number : ----- Date:.....****Online Application for License/ Renewal of License/Amendment of License (including Common license)****(9) ESTABLISHMENT PROFILE:**

1. Name of Establishment:
2. Labour Identification Number Date
3. Address of establishment
- (a) Head Office address along with Telephone Number & email Id :
- (b) Corporate office address along with Telephone Number & email Id:
4. Full Name and Address of the applicant:
5. Full Name and Residential Address of the person who shall be the employer for the purpose of the Act:
6. If the employer is a partnership, company etc., Full Name and Residential Address of the Partners or Directors etc.,:
7. Activity as per National Industrial Classification : (Select all applicable activities given)
8. Details of selected NIC Code:
9. Nature of work carried on in the main establishment :

II. Particulars required for Beedi & Cigar License

Financial resource of the employer (value of movable and immovable properties etc.,)	Whether the employer is a trademark holder registered under the Trade Merchandise Act, 1968	Value of Beedi or cigars or both manufactured at the industrial premises and during the presiding financial year	Source of obtaining tobacco	Whether beedi or cigars or both manufactured by the applicant will be sold and marketed by himself or through a proprietor or a registered user of trade mark or any other person
1	2	3	4	5



9. Identifier of the Establishment : (Select) :designation/digital signature.

III. 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:

IV. Particulars of the Contract labourers to be employed / is employed (If licence is required work wise)

Locations of work sites	Name of works	Activity as per national industrial classification	Date of commencement	Approximate Date of completion	Name of Establishments in which contract labourers is/proposed to be employed
1	2	3	4	5	6

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

6. Amount of License Fee: **INR (Transaction Id :)**

7. Amount of Security Deposit: **INR (Transaction Id :)**

V. DETAILS OF ESTABLISHMENTS FOR WHICH SINGLE LICENCE IS REQUIRED

Name of State in which the establishments are situated	Name of each work	Maximum number of labourers to 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 there of
1	2	3	4	5	6	7

Signature of Contractor
(Sign/DSC)

Note: This is an online application.



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

APPLICATION FOR AMENDMENT OF LICENCE :
1. License No Date:
2. LIN & PAN
3. Name and address of the establishment:
4. Purpose and details for which amendment is sought :
(a). Maximum number of workers 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-XXII
(See Rule-48, 67)
CERTIFICATE OF LICENSE

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

Licence is hereby granted to -----

for the premises known as -----

situated at -----

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

----- 20.(date).

Issuing Authority

Sl. No.	Period of issue	Valid For Maximum number of Contract labourers/ workers on any one day	Fee	Date of Payment	Excess fee for late payment	Date of payment	Name of trade mark under which beedi/cigar is manufacture d	Full Name and Address of the registered user of the trade mark/ or any other person by whom the beedi/cigar marketed	Signature of the Issuing Authority



AMENDMENTS:

Year when Amended	Employer Name or Address of the establishment	Maximum number of Contract labourers /workers on any one day	Date of payment of amendment fee	Date of Payment	Signature of the Issuing Authority
-------------------	---	--	----------------------------------	-----------------	------------------------------------

Date

Signature of Licencing Authority



FORM-XXIII
(Under Rule-51)

APPLICATION FOR REFUND OF SECURITY DEPOSIT

We (Name and Address of the Contractor) for which Licence No..... Dated..... has been issued to us by the Licencing Authority at All the statutory benefits to the employees has been paid and no complaints or dispute is pending before any authority with this regard. There is no order directing the forfeiture of full or any portion of the security deposit. We request that security amount deposited by us for obtaining the licence may kindly refunded to us at the earliest. The bank details is submitted below:

Name of the Bank	Address of the Bank	Account Number	IFSC Code
------------------	---------------------	----------------	-----------

Place,

Date

Signature of the Contractor



FORM-XXIV

(See Rule-58)

EXPERIENCE CERTIFICATE OF CONTRACT EMPLOYEE

To whom so ever concerned

1. Name and Address with phone number and email id of the employee:
2. UAN/Aadhaar No:
3. Serial Number in the Employee Register :
4. Registration number, date and name of the Board if the worker is registered as a beneficiary:
5. Designation:
6. Period of Employment:
7. Nature and location of work:
8. Skill category of the employee:
9. Name and Address with email id and LIN of contractor/employer:
10. Name and Address with email id and LIN of principal Employer:

Seal and Signature of Contractor

*Please strike off whichever is not applicable.



FORM-XXV
(See Rule-63(1))

Agreement between Producer and Audio-visual worker

This agreement is made on this day monthyear..... between M/s..... having office at (hereinafter referred to as the —Producer) on the first part and Shri/Smt/Kum. son/daughter/wife of Shri. residing at (hereinafter referred to as the —audio-visual worker) on the second part. The terms ‘_Producer’ and ‘_audio-visual worker’ shall include their heirs, successors, administrators and legal representatives:

Now, therefore this agreement is made as follows:

1. That both the parties agree that the duration of this agreement shall be from the date hereof till the completion of the audio-visual and this period shall not exceed consecutive months.
2. That the audio-visual worker agrees to attend studio, location or work place, as the case may be, subject to the requirement of his previous engagement and on his confirmation, to his respective job punctually as and when he shall be required by a written intimation by the Producer or the person duly authorised by him in writing.
3. That in consideration of the audio-visual worker services, as aforesaid, the Producer agrees to pay and the audiovisual worker agrees to receive a sum of Rs.(Rupees) payable as advance on signing of this agreement and the balance of Rs.payable in equal installments.
4. That in the event of the audio-visual production being not complete within the stipulated period and the Producer still needing the services of the audio-visual worker to complete the audio-visual production, the producer agrees to pay and the audio-visual worker agrees to receive additional remuneration on pro-rata basis, payable in the same manner as stated in Clause 3 above, till the completion of the production.
5. That in case the assignment of the audio-visual worker is completed earlier than the period stipulated in Clauses 1 and 4 above, the producer shall settle the account of the audio-visual worker and pay the remaining balance of the agreement amount in full before the commencement of re-recording work/censor of the production, whichever is earlier.
6. That the audio-visual worker shall, if so required,



(a) attend the studios, location or work-place, as the case may be, earlier than the a scheduled time of the shift, for preparatory work, and in that case, he/she shall be paid by the Producer extra wages at the rate of Rs.per hour or part thereof for such early attendance.

(b) continue to work beyond the working day, with one hour break and in that case, he/she shall be paid by the Producer extra wages at the rate of Rs..... for the work during the extended hours and refreshments, and transport facilities.

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 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.

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 titled 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 audiovisual 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 entitled 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 provide before a forum comprising equal number of representatives of the Producers' Organisation and the audio-visual worker's Organisation to which the Producer and the audio-visual worker respectively may belong. The decision of the forum shall be binding on both the parties. The producer can engage another audio-visual worker for the job towards this agreement only after the forum has given a decision in favor of such termination and the audio-visual worker has been paid all his dues.

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 audiovisual 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 utilise the work of the audio-visual worker in any film, other than the audio-visual under this agreement, without prior permission of the audio-visual worker.

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

1. Witness

Producer

Name Address

2. Witness

audio-visual worker

Name Address



FORM-XXVI**(Under Rule-72)****RECORD OF OUTSIDE WORK**

Number and date of Government's Order permitting work outside the industrial premises.....

Date	Place or places where outside work was permitted	Nature of work	Name of employees	Remarks
(1)	(2)	(3)	(4)	(5)



Form XXVII**(See Rule 73(2), 74(1), 76(2))****Application for Registration and Grant of Amendment of License and notice of Occupation****(To be submitted in triplicate)**

1	Application Form a.i.1. Registration, Grant of license and notice of occupation a.i.2. Amendment of License	Yes/No Yes/No
2	i. Applications name ii. Phone number	
	iii. i) Whether factory already registered ii) If yes, Registration number iii) License number	Yes/No
3	Full name and postal address of the factory	
	a) Panchayath/Municipality/Corporation	
	b) Village and survey number	
	c) Taluk	
	d) District	
	e) Pincode	
4	i. Nearest Police station –distance ii. Nearest Railway station-distance iii. Nearest Public Hospital-distance	
5	Full name and residential address of the persons who shall be the Manager of the factory for the purpose of the Act	
6	Full name and residential address of the occupier and his designation eg. Director, Partner, Proprietor or any other (specify) (List of Directors / Partners should be submitted)	
7	Full name and address of the owner of the premises of	



	Date	Drawn on
Name and signature of Manager with date		Name and signature of Occupier with date

Notes:

- xiii. The form should be completed in ink in block letters or typed.
- xiv. Strike off whichever is not applicable.
- xv. If power is not used at the time of filling up this form but introduced later the fact should be communicated to the Chief Inspector-cum-Facilitator of factories immediately.
- xvi. The term 'Ordinarily employed' would mean the total number of workers working in all the shifts which should be over 50% of the working days in the factory.
- xvii. Head of account **0230-00-104-99**

Conditions for Auto renewal.-

I understand that as per provisions of the Code and Rule, if the applicant obtained licence by fraud or misrepresentation competent authorities can refuse and reject the application and legal action will be initiated against me

- i. I have verified all the data shown to me in Form XXVII (FORM-G) and undertake that they are all correct and no deviations from the same and also from the details mentioned in the latest permit issued to me is existing in my Factory at the time of submission of this application.
- ii. I undertake that any modifications, additions, extensions to the factory premises, building or machinery or on any data related to the factory, from the date of submission of this application shall be immediately brought to the notice of the concerned Inspector through proper means as per Rules and regulations.
- iii. I undertake that no statutory proceedings initiated by the Department of Factories and Boilers are pending against me (except for those under the purview of the Honourable Courts) on the date of submission of this application
- iv. I undertake that my Factory complies with all applicable provisions under Code and Rules.
- v. I undertake that my Factory possesses all statutory clearances and legal documents as required for renewal of license and they are valid at the time of submission of this application and for such extended renewal period as required.



vi. I understand that the Department of Factories and Boilers reserves its right to cancel my auto renewed license at any time within its validity period, if any data submitted by me is found to be falsified or if any data is suppressed from the Department at the time of submission of this application in accordance with the relevant provisions of the Code and Rules.



FORM-XXVIII
(See rule 73(7)(a))
Stability Certificate

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

I certify that I have inspected the building/buildings, the plans of which have been approved by the Chief Inspector-cum-Facilitator vide letter No-----date- ----- and examined the various parts including the foundations with special reference to the machinery, plant, etc. that have been installed. I am of the opinion that the building/buildings which has/have been constructed/reconstructed/extended/taken into use is/are in accordance with the plans approved by the Chief Inspector-cum-Facilitator vide his letter mentioned above, that it/they is/are structurally sound and that its/their use as a factory/part of the factory for the manufacture of-----for which the machinery, plant etc. installed is intended. The building is safe against various loads, forces and effects due to process to be carried out in the factory or due to natural forces.

Signature of competent person and date _____

Name of competent person _____

Address of competent person _____

Signature of Occupier and date _____

Name of Occupier _____



Form XXIX**(See Rule 74(2), 77(3))****License to Work a factory**

Name of Industry	:	
Registration No.	:	
License No.	:	
NIC code Number	:	

License is hereby granted to For the premises known as situated at for use as a factory within the limits stated herein after subject to provisions of the Factories Act, 1948 and the Rules made there under for following manufacturing processes:

5. NIC code number for each process:
6.

The19..... issuing authority.

Details of License

Valid for			Fee Paid	Excess	Additional fee paid for late	Date of Payment	Signature of the issuing authority
Calendar year	Maximum number of workers on any one day	Maximum installed power in Kilowatts	Rs.	Rs			



Granted under Rule 5								
Renewed under Rule 7								

Transfers

To whom transferred	Date of Transfer	Transfer fee paid and date of payment

Amendment

Date when amended	Amended workers	Installed power in Kilowatts	Amendment fee paid and date of payment	Additional fee paid and date of payment



FORM-XXX

(See rule 81, 82

Notice of Cessation

This is to intimate that I _____ employer of M/S _____ having registration number _____ will close the establishment w.e.f _____

Name of employer

Digitally/electronically signed



FORM-XXXI
(Under Rule-105)
ANNUAL REPORT OF HOUSING
Annual return for the year.....

6. Name of Plantation:
7. Name of State and District:
8. Name and address of the employer:
9. Year in which the plantation came under the preview of the Code:
10. Total resident labour population including dependents in the plantations:
11. Number of resident workers requiring houses:
12. Number of houses required to be provided according to the approved scheme every year:
13. Number of houses provided according to the approved scheme by-

(i) Construction of new houses.

(ii) adaptation of old houses.

14. Reason for not providing the number of houses as required in item No. 7:

Date

Signature of the Employer



Form XXXII

[See rule 138(2)]

**REGISTER OF EMPLOYEES USING OR
HANDLING HAZARDOUS CHEMICALS**

The register of Workers engaged in connection with insecticides, chemicals and toxic substances, and their periodical medical examination for the year.....

S1. No.

Name

Father's/Husband's Name Full Address

Sex

Identification marks Date of appointment

Age

Designation

PAST HISTORY

<i>Illnes</i>	<i>Poisoning</i>	<i>Allergy</i>	<i>Exposure to Pesticides</i>	<i>No. of Years/ Seasons</i>	<i>Remarks If any</i>
(1)	(2)	(3)	(4)	(5)	(6)



FAMILY HISTORY

<i>Allergy</i> (1)	<i>Psychological disorders</i> (2)	<i>Haemorrhagic disorder</i> (3)
-----------------------	---------------------------------------	-------------------------------------

PERSONAL HISTORY

(1)

(2)

(3)

OBSERVATIONS



<i>Medicval</i>	<i>Pre- employment</i>	<i>End of the year</i>	<i>Remarks</i>
<i>Exuniinatioit</i>	<i>EXanii<itioll</i>		
xii.	General Examination		
General body limit			
Weight and height			
Blood pressure			
Respiration			
Anaemia			
Diadema			
Juandice			
Skin condition			
Temperature			
Fatig ability			
Sweating			
Sleep			
Mutation			
2.Gastro-			
Intestinal			
Nausea			



vomiting

Appetite

Taste

Pain in abdomen

Bowel movement

Liver

Spleen

3. Cardio-Respiratory

Nasal discharge

Wheezing

Cough

Expectoration

Tightness of chest

Dyspnoea

Palpitation

Heart

Cyanosis

Tachycardia

4. Neuro-Muscular

Headache

Dizziness

Irritability

Pulse

Twitching

Tremors

Convulsion



Paresthesia

Hallucination

Unconsciousness

Deep reflexes

Superficial reflexes

Coordination

5.Eye

Pupil

Lachryination

Double vision

Clumped vision

6.Psychological

Temperament

Judgment

Nervousness

7.Kidney

Kidney condition

8.Investigation

Blood Hb%

Blood DC

Serum

Cholinesterase

Serum bilirubin

Urine routine examination



Urine microscopic

X-ray of chest

Advice given to:

Steps taken by the employer as per the doctor's advice

- (j) Doctor
 - (k) Patient
 - (l) Employer
-



FORM XXXIII

[See rule 151(1)]

**APPLICATION UNDER SUB-SECTION (4) OF SECTION 56 FOR
COMPOUNDING OF OFFENCE**

- 1. Name of applicant
.....
- 2. Father's / Husband's name of the applicant.....
- 3. Address of the applicant
-
- (1) Mobile number/email
- 5. Name , address, Mobile no, and email of Complainant
- 6. whether any case pending before any authority or Court in the same matter
If Yes, Particulars
- (3) Particulars of the offence.....
.....
- (f) Section of the Code under which the offence is committed.....
- 1.----- 3.-----
2.----- 4.-----
- (g) Maximum fine provided for the offence under the Code.....
- (h) Whether the offence is first offence or the applicant had committed any other offence prior to the offence, if had committed, then, full detail of the offence



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

(w) Any other information which the applicant desires to provide

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

Dated:

Applicant (Name and signature)



FORM XXXIV
COMPOUNDING / COMPOSITION REGISTER
(See Rule 151(7))

Sl. No.	Name And Address of The Person Whom Offence Compounded	Name And Address of Establishment In Relation To Person Of Whom Offence Compounded	Date And Number of Reference Of Composition / Compounding	Date of detection of offence/ penalty	Offences Which Are Compounded	Amount Of Penalty	Date Of Deposit	Date of transfer of fund	Remark
1	2	3	4	5	6	7	8	9	10



FORM -AG**(See Schedule V and Schedule XXXVI)****Examination of ventilation/exhaust system**

1. Description of ventilation/exhaust system
2. Hood
 - (a) Serial No. of Hood
 - (b) Contaminant captured
 - (c) Capture velocities (at points to be specified)
 - (d) Volume exhausted at Hood
 - (e) Hood static pressure Design Actual Value
3. Total Pressure drops at
 - (a) Joints
 - (b) Other points of system (to be specified)
4. Transport Velocity in Duct (at points alone dust to be specified) 5 Air cleaning Device
 - (a) Type used
 - (b) Velocity at inlet
 - (c) Static Pressure at inlet
 - (d) Velocity at outlet
 - (e) State Pressure at outlet
6. Fan
 - (a) Type used



(b) Volume handled

(c) Static Pressure

(d) Pressure drops at outlet of fan.

7 Fan Motor (a) Type

(b) Speed and horse power

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

I certify that on this day of the above dust extraction system was thoroughly cleaned and (so far as its construction permits) made accessible for thorough examination. I further certify that on the said date, I thoroughly examined the above dust extraction system including its components and that the above is a true report of my examination.

Name and signature of competent person

By Order of the Governor,
MINI ANTONY,
Secretary to Government

