

Form I

[See rule-4(1)(i)]

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

A. Establishment Details.

1. Retrieve details of Establishment through LIN:

2. Name of Establishment:

3. Location and Address of the Establishment:

3a. PAN:

4. Others details of Establishment:

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

b. Total Number of the contract employees engaged:

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

5 (a) For factories:

Details of the manufacturing process	Full postal address and situation of the factory along with plan approval details	Name and address of the occupier and manager	Maximum number of workers to be employed on any day
1	2	3	4

5 (b) For building and other construction work:

Type of Construction work	Probable period of commencement of work	Expected period for completion of work	Details of approval of the local authority
1	2	3	4

5 (c) For Motor Transport Undertaking:

Name of Motor Transport Undertaking	Types of Transport (Freight / Passenger Services)	Maximum number of vehicles attached	Maximum number of workers engaged					
			Permanent			Contract		
			Male	Female	Total	Male	Female	Total
1	2	3	4	5	6	7	8	9

6. Ownership Type/Sector:

7. Activity as per National Industrial Classification:

8. Details of Selected NIC Code:

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

B. Details of Employer:-

1. Name & Address of Employer / Occupier / Owner/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	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-4(1)(iv)}

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 (...37 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) Motor Transport Undertaking
- (e) 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 (a) For factories

Details of the manufacturing process	Full postal address and situation of the factory along with plan Approval details	Name and address of the occupier and manager	Maximum number of workers to be employed on any day
1	2	3	4

3 (b) For building and other construction work

Type of Construction work	Probable period of commencement of work	Expected period for completion of work	Details of approval of the local authority
1	2	3	4

3 (c) For Motor Transport Undertaking:

Name of Motor Transport Undertaking	Types of Transport (Freight / Passenger Services)	Maximum number of vehicles attached	Maximum number of workers engaged							
			Permanent			Contract				
			Male	Female	Total	Male	Female	Total		

4. Remarks of registering officers

Place:

Date:

**Signature E -Sign/DSC of Registering Officer
along with designation**

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 employees 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 employees 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-4(8)}
Register of Establishment

Sl. 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 Horsepower (if any)	Total number of Contract Workers	Remarks
1	2	2	3	4	5	6	7
	Factories, Building and other Construction work Contract work, Inter-State Migrant Work, Motor Transport Undertaking, Any other Work (not covered above)						

Form IV

[See rule-4(9) and rule-6]

A-Notice of Commencement / completion of work /cessation of Establishment:

1. Registration No:
2. Name and Address of Establishment:-
3. Name and Designation of employer/ Port authority (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 completion of work/cessation of establishment, the date of completion /cessation:

I/We here by 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 has been made and the premises are kept free from storage of hazardous chemicals and substances.

Signature of the Employer

**To,
The Inspector-cum-Facilitator**

Form V
(See rule-7)

Medical Examination

PART –A (Sl.No.1-11) : To be filled by the Employee:

1. Name of employee.....
2. Sex.... ..
3. Age (with DOB).....
4. Company.....
5. Designation.....
- 5a. UAN:.....
6. In-charge Employer / Executive Contacts.....
7. Complete personal /plant Address
8. Mobile /Phone
9. Email.....
10. Medical illness (Current) and under treatment & medication, If any.....

11. Nature of Job (furnish more details, if hazardous and work-related viz. Physical, Chemical, Biological, Ergonomic etc)

Date:

Signature of Employee

PART-B:

12. Medical Test Carried out & Reports to be Attached as Annex . Medical Officer's interpretation/ Opinion of the Tests below (To indicate only if abnormal, referring the attached Test reports) :

- a. Ht. Wt. Chest, Waist Circumference, Body Mass Index:
 - b. Vision (Ophthalmologist tests):
 - i. Visual Acuity both Right & left eyes
 - ii. Colour Vision.....
 - c. Blood Pressure
 - d. Complete Blood Count:
 - e. Blood Sugar (Fasting/PPBS/HbAC1).....
 - f. SpO₂.....
 - g. Blood Urea Nitrogen (BUN).....
 - h. SGOT/SGPT.....
 - i. Lipid profile.....
 - j. ESR.....
 - k. Thyroid profile.....
 - l. X-ray Chest etc.....
 - m. ECG.....
 - n. Others if any.....
-

13.Final Diagnosis/ Opinion / Treatment if any, advise by qualified medical practitioner

14. Does the person has seizure (s) related disorders or difficulties working at Height ? If yes, explain the works to be avoided: Yes/No/ NA (Not applicable)

Date:

Signature of the qualified medical practitioner

SEAL

NOTE: All the above information is highly confidential between the Applicant and the Examining Physician. Sharing of the above with Employer or any other agency/persons is permitted only on obtaining Consent from the Applicant/Employee.

Form VI

(See rule-9)

NOTICE OF ACCIDENT OR DANGEROUS OCCURRENCE

E.S.I.C. Employer's Code number: E.S.I.C. Insurance Number of the injured person

:

1. Name of employer :
2. Address of works / premises where the accident or dangerous occurrence took place

:

3. Nature of industry and LIN of the establishment:
4. Branch or department and
5. Exact place where the accident or dangerous occurrence took place :

6. Name and address of the injured person :

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

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

(b) Cause or nature of accident

or dangerous occurrence :

10. If caused by machinery-

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

State whether it was moved by mechanical power at the time of accident or dangerous occurrence :

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

In your opinion, was the injured person at the time of accident or dangerous occurrence - acting in contravention of provisions of any law applicable to him; or acting in contravention of any orders given by or on behalf of his employer; or

acting without instructions from his employer?

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. :

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

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

the injured person was travelling with the express or implied permission of his employer;

:

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 :

the vehicle is being/not being operated in the ordinary course

of public transport service :

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. :

Describe briefly how the accident or

dangerous occurrence took place :

Names and addresses of

witnesses : (1)

(2)

(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.)

(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 :

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

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

(a) Has the injured person died ? :

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. VII

(See rule 24)

Notice of period of work

Name of factory.....

Period of work.	Men (adult)														
	Total number of men employed.														
Groups	A			B			C			D			E		
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3
Relays															
On working days															
From 6 A.M. to 2 P.M. from 2 P.M.															
To 10 A.M. From 12 midnight To 6 A.M.															
From.....															
To.....															
On partial working days															
From.....															
To.....															

Women (adult)															Children								
Total number of women employed															Total number of children employed								
F			G			H			I			J			K	L		M		N			
1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	1	2	1	2	1	2	

Description of Group															Remarks						
Group letter															Nature of work						
A																					
B																					
C																					
D																					
E																					

Date on which this notice first exhibited

(Signed)
Manager

N.B. : - "1" - 1st shift
 "2" - 2nd shift
 "3" - 3rd shift
 "4" - 4th shift

Form VIII
(See rule 25)
EMPLOYEE REGISTER

Name of Establishment:		
Name of the Employer/owner:		
Labour Identification Number (LIN)/Registration Number of Establishment		
To be maintained for all employees of the establishments		
1.	Employee Code	
2.	Name	
3.	Surname	
4.	Gender	

5.	Father's/Spouse's Name	
6.	Date of Birth	
7.	Place of Birth	
8.	Nationality	
9.	Education level	
10.	Date of Joining	
11.	Designation	
12.	Category (unskilled, semi-skilled, skilled or highly skilled)	
13.	Type of employees / worker	
14.	Mobile Number	
15.	Universal Account Number (UAN)	
16.	PAN	
17.	PPF No.	
18.	Nominee	
19.	EPS/NPS	
20.	Details of Family	
21.	Details of Posting	
22.	Scale of Pay	
23.	Promotion	
24.	ESIC Insurance No.	
25.	Aadhaar number	
26.	Bank A/c No.	
27.	Bank	
28.	Branch(IFSC)	
29.	Present address	
30.	Permanent address	
31.	Service Book No.	
32.	Date of Exit	
33.	Reason for Exit	
34.	Mark of Identification	
35.	Photo	
36.	Specimen Signature/Thumb Impression	
37.	Remarks	

Form VIII (A)

(See Rule 25)

ATTENDANCE REGISTER-CUM-MUSTER ROLL

															For the Month of , year 20.....																
Name of Establishment:																															
Name of the Employer/owner:																															
Labour Identification Number (LIN)/Registration Number of Establishment																															
1.	Serial Number																														
2.	Employee Code																														
3.	Name																														
4.	Designation																														
5.	Shift or relay																														
6.	Place of work/department/section																														
7.	Date and timings of In and Out																														
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15																
	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31															
8.	Total number of days worked																														
9.	Total number of extra hours worked																														
10.	In case of tour or assignments outside the work place suitable entries may be made																														
11.	Signature of Register keeper																														

Form VIII (B)

[(See rule 25)]

REGISTER FOR WAGES, OVERTIME AND DEDUCTIONS

Name of Establishment:																													
Name of the Employer/owner:																													
Labour Identification Number (LIN)/Registration Number of Establishment																													

Wage Period from dd/mm/yyyy to dd/mm/yyyy (Monthly/Fortnightly/Weekly/Daily/Piece Rated)		
1.	Serial Number	
2.	Employee Code Number	
3.	Name	
4.	Designation	
5.	Rate of Wage	
	a)Basic	
	b)DA	
	c)Other allowance	
	d)Total	
6.	No. of days worked	
7.	Overtime hours worked	
8.	Amount of Wages Earned	
	a)Basic	
	b)DA	
	c)Other allowance	
	d)Payment of overtime	
	e)Total wages earned	
9.	Deductions	
	a)EPF	
	b)ESIC	
	c)Society	
	d)Income Tax	
	e)Insurance	
	f)Others	
	g)Recovery of Fine	
	h)Recovery of Damaged/Losses	
	Total Deductions	
10.	Net Payment	
11.	Receipt by Employees/Bank Transaction ID	
12.	Date of Payment	
13.	Initials of Employer/Representative	
14.	Remarks	

Form VIII (C)

Wage slip

(See rule 25)

Name of the Establishment				
Address:.....			Period:.....	
1.	Name of the Employee:			
2.	Father's/Spouse's Name:			
3.	Designation:			
4.	UAN:			
5.	Bank Account Number:			
6.	Wage period:			
7.	Rate of wages payable	a) Basic	b) D.A.	c) other allowances
8.	Total attendance/unit of work done:			
9.	Overtime wages			
10.	Gross wages payable			
11.	Total deductions	a) PF	b) ESI	c) Others
12.	Net wages paid			

Form IX**[See rule-25(4)]****ANNUAL RETURN****FOR THE YEARENDING 31st December.**

Single Annual 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 and the rules made there under.

Instructions to fill up the Annual Return

- (1) This return is to be filled-up and furnished on or before 1st 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 (employer)		
5.	Telephone No. (employer)		
6.	Mobile number (employer)		
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 Number of hours in a shift	
C. Details of Manpower Deployed		
Details	Directly employed	Employed through Contractor GrandTotal

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	M/F/T	M/F/T	M/F/T	M/F/T	M/F/T	M/F/T	M/F/T	M/F/T
(ii) Average No. of employees employed in the establishment during the year	No. to be indicated	M/F/T	M/F/T	M/F/T	M/F/T	M/F/T	M/F/T	M/F/T
(iii) Maximum number of Migrant Worker during the	M/F/T	M/F/T	M/F/T	M/F/T	M/F/T	M/F/T	M/F/T	M/F/T

year (Section 59 of OSH Code)								
(iv) Number of fixed term employee engaged	M/F/T	M/F/T	M/F/T	M/F/T				

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 and not applicable	Applicable to all establishments wherein hundred or more worker including contract labour ordinarily employed
2.	Crèches(as per section 67of Code on Social Security Code, 2020 and Section 24 of the OSH Code 2020)	Tick yes or no in the box and not applicable	Applicable to all establishments where fifty or more workers are employed
2a	If 2 above is not given than whether Crèches allowance under Social Security Code, 2020 given.	Tick yes or no in the box and not applicable	Reference .. Code on Social Security, 2020
3.	Ambulance Room(as per section 24(2)(i) of OSH Code, 2020)	Tick yes or no in the box and not applicable	Applicable to 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 and not applicable	Applicable to establishments and factories employing 500 workers or more, factory carrying on hazardous process and BoCW employing 250 workers 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 and not applicable	Industrial establishment in which 100 or more workers are employed
(a)	Date of its constitution.		
2.	Whether the Safety Redressal Committee constituted (Section 4 of IR Code, 2020)	Yes/No and not applicable	Industrial establishment employing 20 or more workers
3.	Number of registered 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,	Yes/No	

	2020)			
6.	Number of workers discharged/dismissed, retrenched or whose services were terminated during the year:			
	Dismissed	Retrenched	Discharged /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	
(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	Applies on industrial establishment employing 300 or more workers

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	Total amount of bonus actually paid	Date on which the Bonus paid

	Bonus provision			
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	Man days lost	Production Lost	

PART III

[See Rule-50(8)]

ANNUAL RETURN period ending 31st December

(to be submitted by the principal employer)

1. Name of the principal employer:
2. Name of the establishment:
3. Registration number (LIN) of the establishment:
4. Details of the Contractors, wages paid, etc.:

Sl. No.	Month	Name and address of the contractors	LIN of the contract or	Name of the work	Maximum number of contract worker employed	Amount paid against wage bill (if applicable) to the contractor	Date of payment of wage bill (if applicable)	Amount of the wages paid directly to the labour by	Date of payment of wages paid directly to the labour	Remarks

						(including EPF, ESIC, Bonus etc.)		Principal Employer (in case the contract or fails to pay)	by Principal Employer (in case the contract or fails to pay)	

Signature of the principal employer

Date:

Form IXA

(See rule-25 & 50)

(Half Yearly Return (January to June / July to December) to be submitted by Contractor)

1. Name and address of the contractor:
2. Name and address of the principal employer and LIN:
3. LIN of the contractor:
4. License number of the contractor (if applicable):
5. Name of the contract work with location/station:
5. Details of the number of Contract Workers, Wages Paid etc.:

Sl. No.	Months	Number of Contract Labour employed	Total amount of wages paid in a month	Over time	Bonus	Date and amount of Wage bill received by contractor from Principal Employer	ECR number of ESIC	ECR number of EPF	Wages paid by 7th of the month or due date as applicable Yes/No	Remark
	January									
	February									
	March									
	April									
	May									
	June									

Signature of the contractor:

Date:

Form X

(See rule-28)

REGISTER OF ACCIDENTS AND DANGEROUS OCCURRENCES

Name of Injured/deceased 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

Form XI

[See rule-29]

REGISTER FOR LEAVE WITH WAGES

Part I - Adults

Part II - Adolescents

Establishment:

Name of

worker :

Department :

Father's Name:

Sl. No	Sl. No. in the register of workers	Date of entry into service	Interruptions					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 and 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-32)

(Form of Application for grant of certificate of competency to a person)

1. Name
2. Father's name
3. Date of birth
4. Permanent Address
5. Name of the Organisation
(if not self-employed)
6. Designation
7. Educational qualification (copies of testimonials to be attached)
8. Details of professional experience (in chronological order)

Name of the Organisation	Period of service	Designation	Area of responsibility
(1)	(2)	(3)	(4)

9. Membership, if any of professional bodies
10. (i) Details of facilities s (examination, testing etc. at his disposal)
(ii) Arrangements for calibrating and maintaining the accuracy of the facilities.
11. Purpose for which competency Certificate is sought (Section or Sections of the Act should be stated).
12. Whether the applicant has been declared as a competent person under any statute (If so, the details)
13. Any other relevant information ..
14. Declaration by the applicant ..

I.....hereby declare that the Information furnished above is true, I undertake-

- (a) that in the event of any change in the facilities at my disposal (either addition or deletion) or my leaving the aforesaid organisation, I will promptly inform the Chief Inspector.
- (b) to maintain the facilities in good working order, calibrate periodically as per manufacturers instructions or as per National Standards; and

(c) to fulfil and abide by all the conditions stipulated in the Certificate of competency and instructions issued by the Chief Inspector from time to time.

Place & date

Signature of the applicant

Declaration by the Institution (if employed)

I,.....certify that Shri.....whose details are furnished above, is in our employment and nominate him on behalf of the organisation for the purposes of being declared as a competent person under the Act, I also undertake that I will-

- (a) notify the Chief Inspector in case the competent person leaves our employment;
- (b) provide and maintain in good order all facilities at his disposal as mentioned above;
- (c) notify the Chief Inspector any change in the facilities (either addition or deletion);

Signature.....

Designation.....

Tel. No.....

Date.....

Official Seal

Form XIII
(See rule-32)

CP (O) No. Date.....

Certificate of Recognition as Competent Person

[Issued in pursuance of Section 2(ca) of the Occupational Safety, Health & Working Conditions Code, 2020 and the rules made thereunder]

The Chief Inspector-cum-Facilitator and Boilers, Orissa in exercise of the power's conferred under Section 2(ca) of the Factories Act and Rules made thereunder, hereby recognise *represented by ** to be a competent person for the purpose of carrying out test, examination inspection and certifications for ***used in factories subject to the conditions overleaf.

The jurisdiction extends all over Orissa/is restricted to M/s.....

This certificate is valid from

Official Seal

Chief Inspector-cum-Facilitator , Odisha

Revalidation Details

From	To	Signature of authority
(1)	(2)	(3)

* Name of Institution

** Name of the Competent Person

*** (a) Building

(b) Hoists

(c) Lifts

(d) Chains

(e) Lifting Machines

(f) Ropes

(g) Lifting Tackles

(h) Pressure Plant

(i) Ventilation System

(j) Confined space

(k) Plants & equipments of dangerous processes as applicable.

This certificate is issued subject to the conditions stipulated hereunder

- (i) tests examinations and inspections shall be carried out in accordance with the provisions of the Act and the Rules made thereunder and that prescribed in National Standard.
- (ii) tests, examinations and inspections shall be carried out under direct supervision of the Competent person or by a person so authorised by an institution recognised to be a Competent Person;
- (iii) the Certificate of Competency issued in favour of a person shall stand cancelled if the person leave's the organisation mentioned in this application;
- (iv) the institution recognised as a Competent Person shall keep the Chief inspector informed of the names, designation and qualifications of the person authorised by it to carry out tests, examination and inspections;
- (v) the Competent Person should be physically present at the time of testing and examination;
- (vi) records of daily work done should be maintained in a log book incorporating therein the details regarding the date, the work done, observations made, directives given etc;

- (vii) copies of examination on certificates in all cases where defects are noticed and repairs are ordered or any conditions imposed on its use are to be marked to the Inspector of Factories concerned;
- (viii) application for renewal of certificate along with a brief account of work done during the period of validity of the certificate may be made at least one month before the certificate expires together with fees prescribed for the purposes;
- (ix) this recognition is subject to constant review and liable to be cancelled if deficiencies come to notice.

Form XIV
(See rule-41 & 88)
APPLICATION FOR LICENCE

On Line Application for License/ Renewal of License/Amendment of License (including Common/single license)	
Government of Odisha, Labour & ESI Department	
ESTABLISHMENT PROFILE:	
Labour Identification Number	Date
Acknowledgement Number: Date of Application:	
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 :	
7. Identifier of the Establishment : (Select) : e-sign/digital sign	
II. Details of Employer:	
1. Full Name of Employer:relationship with establishment.	
2. Full Address of Employer:	

3. Email Id of employer:
4. Mobile No. of employer:
III. Particulars of the Contract Labour to be employed / is employed (If licence is required work wise)

Locations of worksites	Name of works	Activity as per national industrial classification	Date of commencement	Date of completion	Name of Establishments in which contract labour is/proposed to be employed	Name Address, email id of the Site Incharge
1	2		3	4	5	6

5. Maximum number of workmen proposed to be employed on the Establishment on any date: 24
6. Amount of Licence Fee: INR (Transaction Id :)
7. Amount of Security Deposit: INR (Transaction Id :)
IV. DETAILS OF ESTABLISHMENTS FOR WHICH COMMON LICENCE REQUIRED , (IF APPLYING FOR)

Type of 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	Name of each work	Maximum number of labour will be/is	Date of commencement	Permanent establishment or	Maximum number of employees employed/	Registration number, if obtained, then details
-------------------	-------------------	-------------------------------------	----------------------	----------------------------	---------------------------------------	--

which the establis hments are situated		employed		probable date of completi on	proposed to be employed	thereof
1	2	3	4	5	6	7

Signature of Contractor

(eSign/DSC)

Note: This is an online application summary applied on Shram Suvidha Portal or designated Portal.

APPLICATION FOR RENEWAL OF LICENCE

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

APPLICATION FOR AMENDMENT OF LICENCE :

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

E-sign /digital sign of the employer/contractor

date of application.

Date

Place

Form XV
(See rule 42 & 89)
PROFORMA OF LICENSE

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

Licence is hereby granted to -----

for the premises known as -----

situated at -----

nature of work _____

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

The ----- 20..

Issuing Authority

Sl. No.	Period of issue	Valid For	Fee	Date of Payment	Excess fee for late payment	Date of payment	Signature of the Issuing Authority
		Maximum number of Contract labour /workers on any one day					

AMENDMENTS:

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

E-sign /digital sign of the designated authority

Form XVI

(See rule-52)

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.	

Form XVII

(See rule-58)

Agreement between Producer and Audio-visual worker

This agreement is made on this day monthyear..... between Messers..... having office at(hereinafter referred to as the “Producer”) on the first part and Shri/Smt/Kumson/daughter/wife of Shri residing at

..... (herein 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 in consideration 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.

7. That the Producer shall provide transport and food or pay traveling allowances to and fro to report to duty and food allowance while on duty as are customary or fixed by bilateral arrangements between the Producer's and audio-visual worker's representative organizations.

8. That the Producer shall also pay for all travelling and accommodation expenses, fares, cost of food and such other allowances as are customary when the audio-visual worker is required to work on location outdoors.

9. That the Producer shall get the audio-visual worker insured for any injury or damage to his/her person including death caused by accident arising out of or in the course of his/her employment and/or during the period of his/her assignment under this agreement.

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

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

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

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

audio-visual worker for the job towards this agreement only after the forum has given a decision in favour of such termination and the audio-visual worker has been paid all his dues.

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

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

15. That the audio-visual worker agrees that he/she shall render his/her services to the best of his/her ability in such manner as the Producer or, at his instance, the Director of the audio-visual may direct and shall comply with all reasonable instructions that he may give for the production of the film.

16. That the Producer shall also pay for all traveling and accommodation expenses, fares, cost of food and such other allowances as are customary when the audio-visual worker is required to work on location outdoors.

17. That the Producer shall get the audio-visual worker insured for any injury or damage to his/her person including death caused by accident arising out of or in the course of his/her employment and/or during the period of his/her assignment under this agreement.

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

(a) he shall be entitled to suspend the operation of this agreement during the period of suspension of production in case the production is suspended. The producer shall serve notice in writing of such suspension on the 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.

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

20. That the Producer shall have the right to terminate this agreement on ground of misconduct on the part of the audio-visual worker in relation to performance of his/her duties or his/her unwillingness to perform the service required under the agreement, upon payment to the audio-visual worker of the amount due at the time of termination, calculated taking into consideration the audio-visual worker's total work in the audio-visual and the work he/she has completed till the date of termination of this agreement. Termination under this clause shall not be made unless the charges of the Producer against the audio-visual worker are 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.

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

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

23. That the audio-visual worker agrees that he/she shall render his/her services to the best of his/her ability in such manner as the Producer or, at his instance, the Director of the audio-visual may direct and shall comply with all reasonable instructions that he may give for the production of the film.

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

25. That the Producer shall not without the consent in writing of the audio-visual worker, assign or transfer the benefit of this agreement to any other person.

10. 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.....

11. Whether any industrial premises was closed by the applicant during the period of twelve months immediately preceding the date of the application and, if so, the reasons therefor.....

12. Source of obtaining tobacco.....

13. Whether the beedies 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.....

14. Whether the plans of the premises are enclosed.....

15. Amount of fees Rs.....(Rs.....) paid in Treasury on vide Challan No. enclosed.

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

Date :

Signature of applicant

Note 1 -Where the industrial premises are run or proposed to be run by a contractor for or on behalf of another person or persons or company, etc., the said other person or persons or company, etc., 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, etc.. The applicant for licence may, however, be either the contractor or the employer.

Note 2 - (1) This Form shall be completed in ink in block letters or typed.

(2) If any Person named against item 5 is a minor, the fact shall be stated clearly.

FORM-XIX
(See Rule-60)
Licence

Fee Rs.....

Licence No.....

Registration No.....

Licence is hereby granted to.....

Valid only for the premises described below for use as an industrial premises employing not more than employees on any one day during the year.....subject to the conditions specified in annexure.

The licence shall remain in force till the 31st day of March.....name of the industrial premises..... Situation of the industrial premises.

Permission is also granted for the installation of power-driven machinery.

Date :

Signature and seal of the competent authority

Renewal
(See Rule-60)

Date of renewal	Fees paid for renewal	Date of expiry
(1)	(2)	(3)
1.		
2.		
3.		
4.		

Date :

Signature and seal of the competent authority

Annexure

This licence is subject to the following conditions :

1. The manufacturing process shall be carried on only in that part of the industrial premises specified for the purpose in the licence.
2. The maximum number of employees employed in the industrial premises shall not on any day exceed the number specified in the licence.
3. Power-driven machinery not specified in the licence shall not be used in the manufacturing process in the premises.
4. Except with the prior permission in writing of the competent authority, the industrial premises shall not be extended and except with the like permission, no structural alterations shall be made in any building on such premises.
5. The licence shall not be transferable.

Form XX
(See rule-65)

Record of outside work

Number and date of Government's order permitting work outside the Industrial premises.....

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

Form XXI
(See rule-66)

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

1. Applicant's Name :
- Age :
- Father's Name :
- Permanent address- :
- Village/Plot No./Street/Lane :
- P.O. :
- P.S. :
- Town/City/District :
- State :
- PIN :
- Calling :
2. Full name and postal address of the:
factory
3. Address for correspondence :
4. Location of the Factory - :
- State :
- District :

Sub-division :

P.S. :

Near of village or town, nearest Rly.:
Station

5. Particulars of plants to be installed:
(Separate sheet where necessary be
annexed)

6. (a) Number of persons proposed to
be engaged

Men

Women

(In case of extension, increase of
number of persons due to extension
and No. of persons engaged in
existing portion be mentioned
separately)

(b) Amount of power proposed to be
installed

(The list of machines with K.W. rating
of their prime movers be annexed. In
case of extension, such list for
existing portions and for extension be
mentioned separately).

7. Proposed date of commencement of
construction

8. Particulars of no objection
Certificate/Consent letter of Orissa
State Pollution Control Board,
Bhubaneswar/Local Authority.

(Attested copy to be enclosed)

9. Amount of fee paid..... Chalan No..... Date.....
Treasury/Bank name.....

Date.....

Place.....

(Signature of applicant)

Note - This application shall be accompanied by the following documents

- (a) A flow chart of the manufacturing process supplemented by a brief description of the process in its various stages.
- (b) Plans, in duplicate, drawn to scale, showing
 - (i) the site of the factory and immediate surroundings including adjacent building and other structures, roads, drains, etc; and
 - (ii) the Plan elevation and necessary cross Sections of the various buildings, indicating all relevant details relating to natural lighting, ventilation and means of escape in case of fire. The plans shall also clearly indicate the position of the plant and machinery, aisles and passage way; and
- (b) Such other particulars as the Chief Inspector may require.)

Form XXII

(See Rule-66)

Form of Certificate of Stability

- 1. Name of the factory.....
- 2. Village, town and district in which the factory is situated.....
- 3. Full postal address of the factory.....
- 4. Name of the occupier of the factory
- 5. Nature of manufacturing process to be carried on in the factory
- 6. Number of floors on which workers will be employed.....

I certify that I have inspected the building/buildings, the plans of which have been approved by the Chief Inspector in his letter No.....dated 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 in his letter mentioned above, that it/they is/are structurally sound and that its/their stability will not be endangered by its/their use as a factory/part of a for which the machinery plant, etc., factory for the manufacture of installed are intended.

Signature.....

Qualification.....

Address.....

Date.....

Note-Where the competent person is a person employed by a company or association the name and address of such company of association shall be given.

Form-XXIII-A

[see rule-66(V)]

**Application for registration and grant for renewal of licence for the year and notice of
occupation specified in Sections 6 and 7**

(To be submitted in duplicate)

1. Full name of the factory with factory licence number if already registered from before.....
2. (a) Full postal address and situation of the factory.....
- (b) Full address to which communications relating to the factory should be sent
3. Nature of manufacturing process/processes-
 - (a) carried on in the factory during the last twelve months (in the case of factories already in existence).....
 - (b) to be carried on in the factory during the next twelve months (in the case of all factories).....
4. Names and values of principal products manufactured during the last twelve months.....
5. (i) Maximum number of workers proposed to be employed on any one day during the year.....
- (ii) Minimum number of workers employed on any one day during the last twelve months.....
- (iii) Number of workers to be ordinarily employed in the factory.....
6. (i) Nature and total amount of power (H. P.) installed or proposed to be installed.....
- (ii) Maximum amount of power (H. P.) proposed to be used.....
7. Full name and residential address of the person who shall be the Manager of the factory for the purposes of the Act.....
8. Full name and residential address of the occupier i.e.,-
 - (i) The proprietor of the factory in case of private firm/proprietary concern.....
 - (ii) Directors in case of public limited liability company/firm.....
 - (iii) Where a Managing Agent has been appointed the name of Managing Agents and Directors thereof.....
 - (iv) Share-holders in case a private company where no Managing Agents have been appointed.....
 - (v) The Chief Administrative Head in case of a Government of local Fund factory.....
9. Full name and address of the owner of the premises or building (including the precincts thereof) referred to in Section 93.....
10. In the case of a factory constructed or extended after the date of the commencement of the rules-

(a) reference number and date of approval of the plans for site whether for old or now building and for construction or extension of a factory by the State Government/Chief Inspector.....

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

11. Amount of fee Rs.....(Rupees)

(i) Paid in.....Treasury on.....

(ii) Vide Challan No.....(enclosed).

Signature of occupier

Date.....

Signature of Manager

Date.....

Note-1. This Form should be completed in block letter or typed.

2. If the power is not used at the time of filling up this Form, but is introduced later the fact should be communicated to the Chief Inspector immediately.

3. If any of the persons named against item 8 is minor the fact should be clearly stated.

4. In the case of a factory, where under the proviso to Sub-sections (1) and (2) of Section 100, a person has been nominated as the occupier, information required in item 8 should be supplied only in respect of that person.

5. In the case of a factory where a Managing Agent or Agents have been appointed as occupiers under the Indian Companies Act, 1913 (VII of 1913), information required in item 8 should be supplied only in respect of that person or persons.

Form XXIII-B
[see rule-66(VI)]

(Self declaration by the Occupier and Manager for renewal of factory licence)

I / We _____ Son/Daughter of
_____ resident of
_____ P.O. - _____/
PS _____, District _____ State
_____, Pin _____ do hereby declared as under .

1. That, I Sri / Smt. _____ am the occupier of the
factory M/s. _____, Registration No.
_____ situated at
_____ P.O. _____, PS.
_____, District _____, Pin _____.

2. That, Sri / Smt. _____ is the Manager of the
factory.

3. That, the factory license for the preceeding year is _____ is in
force for _____ KW and manpower of
_____.

4. That, there is no change in manpower and installed power in the factory.

5. That, there is no change in factory layout and manufacturing process, no addition and alteration
made with reference to plan approved in letter No. _____ dt.....
of the _____

Further, we undertake that, we will be held liable for penal action, if the information
furnished above are found to be false at any stage in future.

Signature of Occupier

Signature of Manager

Form XXIV

[See Rule-66(IV)]

Registration and licence to work a factory

Registration No.....

Fee Rs.

Serial No.....

Licence is hereby granted to valid only for the premises described below for use as a factory employing not more than persons in any one day during the year and using motive power not exceeding H.P., subject to the provisions of the Occupational Safety, Health & Working Conditions Code, 2020 and the rules made thereunder.

This licence shall remain in force till the 31st day of December, 20..

Chief Inspector-cum-Facilitator, Odisha

The 20.....

Description of the licensed premises

The licensed premises shown on Plan No.....dated ; are situated inand consist of

Date of renewal	Date of expiry	Signature of Licensing Authority

Form-XXV-A

(See Rule-66)

REGISTRATION AND GRANT / RENEWAL OF LICENCE TO WORK A FACTORY

Registration No.

Fees Rs. per annum

Serial No.....

Licence granted to Valid only for the premises shown on plan approved vide letter No..... dt..... are situated at P.O. Dist for use as a factory manufacturing

....

.....
.....

under the name M/s. employing not more than
Persons on any one day during the period and using motive power not exceeding KW
subject to the provisions of the Occupational Safety, Health and Working Conditions Code, 2020
and Rules made thereunder. The licence is hereby granted / renewed for a period of five years/
ten years.

The licence shall remain in force from to

Chief Inspector–cum-Facilitator, Odisha

Chief Inspector–cum-Facilitator, Odisha

N.B. – Any change in manpower/motive power / manufacturing process / occupier be
promptly notified in the prescribed manner to the Chief Inspector-cum-Facilitator.

FORM XXVI

[See Rule-66(XIII)]

Notice of change of Manager

1. Name of the factory with current licence number.....
2. Postal address.....
3. Name of the outgoing Manager.....
4. Name of the new Manager with postal address
5. His father's name with postal address.....
6. Date and time of transfer of charge (forenoon or afternoon).....

Signature of new Manager

Signature of Occupier

FORM-XXVII
(See Rule-75)
HEALTH REGISTER

S.No	Department /Works	Name of Worker	Sex	Age (at last birthday)	Date of employment on present work	Date of leaving or transfer to other work with reasons for discharge or transfer	Nature of job or occupation	Raw materials, products or byproducts likely to be exposed to	Dates	Result Fit or Unfit	Signs and symptoms observed during examination	Nature of tests and results thereof	If declared unfit for work, state period of suspension with reasons in details	Whether certificate of unfitness issued	Re-certified fit to resume duty on	Signature of the Certifying surgeon with date
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17

FORM XXVIII
(See Rule-75)
CERTIFICATE OF FITNESS

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 (designation) in (process, department and factory)..... and that his age, as

nearly as can be ascertained from my examination, is.....years, and that he is, in my opinion, fit/unfit for employment in the above mentioned factory as mentioned above.

2. He may be produced for further examination after a period of.....

3. The serial number of the previous certificate is..... Signature or left hand thumb impression of person examined:

Signature or left hand thumb impression of person examined:

Signature of Medical Officer:

Date :

I certify that I examined the person mentioned above on	I extend this certificate until (if certificate is not extended, the period for which the worker is considered unfit for work is to be mentioned)	Signs and symptoms Observed during Examination	Signature of the Medical Officer

FORM XXIX

[See Schedule-B (Part V) under rule-68]

Report of examination and test of dust extraction - Suppression system

1. Description of system
2. Hood
 - (a) Serial No. of hood.....
 - (b) Contaminant capture.....
 - (c) Capture velocities (at points to be specified).....

Design value	Actual value
--------------	--------------
 - (d) Volume exhausted at hood.....
 - (e) Hood static pressure.....
3. Total pressure drop at-
 - (a) Joints.....
 - (b) Other points of system (to be specified).....
4. Transport velocities in dust (at points along dusts to be specified).....
5. Air cleaning device-
 - (a) Type used
 - (b) Velocity at inlet
 - (c) Static pressure at inlet
 - (d) Velocity at outlet
 - (e) Static pressure at outlet

6. Fan-

- (a) Type used
- (b) Volume handled
- (c) Static pressure
- (d) Pressure drop at outlet of fan.....

7. Fan motor-

- (a) Type
- (b) Speed and horse power

8. Particulars of defect, 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 fittings and that the above is a true report of my examination.

Signature
Qualification
Address
Date.....

FORM XXX

[See Rule 32(4)]

Report of examination of hoist or lift

Occupier (or owner) of premises.....

Address

1. (a) Type of hoist or lift and identification number or description

(b) Date of construction or reconstruction (if ascertained).....

2. Design and construction :

Are all parts of the hoist or lift of good mechanical construction, sound material and adequate strength (so far as ascertainable) ?

3. Maintenance :

Are the following parts of the hoist or lift properly maintained and in good working order ? If not, state what defects have been found-

(a) Enclosure of hoist way or lift way.....

(b) Landing gates and cage-gate(s).....

(c) Interlocks and the landing gates and cage-gate(s).....

(d) Other gate fastenings.....

(e) Cage and platform and fittings, guides, buffers, interior of the hoist way or lift way.....

(f) Overrunning devices

(g) Suspension ropes or chain and their attachments.....

(h) Safety gear, i.e., arrangements for preventing fall of platform or cage brakes... ..

(i) Brakes.....

(j) Worms or spur gearing

(k) Other electrical equipment.....

(l) Other parts.....

4. What parts (if any) were inaccessible.....

5. Repairs, renewal or alterations (if any) required and the period within which they should be executed.....

6. Maximum safe working load subject to repairs, renewals or alterations (if any) specified in item 5.....

7. Others.....

I/We certify that on.....I/we thoroughly examined this hoist or lift and that the above is a correct report of the result.

Signature.....

Countersignature.....

If employed by a company/
association, give name and address

Qualification.....

Address.....

Date.....

Note-Details of any renewals or alteration required should be given in 5 above.]

FORM XXXI

[See rule 32(4)]

Report of examination of pressure vessel or plant

1. Name of occupier (or factory).....
2. Situation and address of factory..
3. Name, description and distinctive number of pressure vessel or plant.....
4. Name and address of manufacture and reference to the test certificate or certificate of competent person.....
5. Nature of process in which it is used.....
6. Particulars of pressure vessel or plant-
 - (a) Date of construction.....
 - (b) Thickness of walls.....
 - (c) Date on which the pressure vessel or plant was first taken into use.....
 - (d) Maximum permissible working pressure.....
 - (e) Design pressure, if known (the history should be briefly given and the examiner should state whether he has seen the last previous report).....
7. Date of last hydrostatic test (if any) and pressure applied.....
8. Is the pressure vessel or plant in open, or otherwise exposed to weather or to damp ?
.....
9. What parts are if any, inaccessible ?
10. What examination and tests were made ? (specify pressure if hydrostatic test was carried out)
11. Condition of pressure vessel or plant (state any defects materially affecting the maximum permissible working pressure or the safe working of the pressure vessel or plant)
ExternalInternal.....
12. Are the required fittings and appliances provided in accordance with the Rules ?
13. Are all fittings and appliances properly maintained and in good condition? Have the pressure settings been checked and corrected ?
14. Repairs (if any) required ; and 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. Maximum permissible working pressure, calculated 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 maximum working pressures are required state the working pressure :

(a) Before the expiration of period specified in 14.....

(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 or plant described above was thoroughly cleansed and (so far as its construction permits) made accessible for thorough examination and for such tests as were necessary for thorough examination and that on the said date, I thoroughly examined this pressure vessel or plant, 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.

FORM XXXII

[See rule 32(4)]

Report of examination of water sealed gas-holder

1. Name of occupier of factory-.....
2. Situation and address of factory.....
3. Name, description, distinguishing number of letter and, type of gasholder.....
4. Name and address of the manufacturer.....
5. (a) Number of lifts.....
(b) Maximum capacity in cubic meters (cm).....
(c) Pressure thrown by holder when full of gas.....
6. Particulars of gas to be stored in the holder.....
7. Particulars as to the condition of-
(a) crown.....
(b) side sheeting, including grips and cups.....
(c) guiding mechanism (Roller carriages, rollers, pins, guide rails or ropes).....
(d) tank.....
(e) other structure, if any (columns, framing and bracing).....
8. Particulars as to the position of the lifts at the time of examination.....
9. Particulars as to whether the tank and lifts were found sufficiently levelled for safe working and if not, as to steps taken to remedy the defect.....
10. Date of examination and by whom it was carried out
11. Condition of vessel-
(1) External
(2) Internal
12. Are all fittings, appliances properly maintained and in a good condition? Repairs if any required and period within which they should be executed; and any other condition which the person making the examination thinks it necessary for safe working.....
13. Other observations.....

I certify that on.....: the gasholder 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.....

Qualification.....

Address.....

Date.....

If employed by a Company or Association, give name and address.

14. A copy of the report in Form 33 shall be kept in the register and both the registers and the report shall be readily available for inspection.

FORM XXXIII

(See rule-69)

APPLICATION FOR THE SITE APPRAISAL COMMITTEE

1. Name and address of the applicant.
2. Site Ownership Data:
 - 2.1. Revenue details of the site such a Survey No., Plot No.
 - 2.2. Whether the proposed site attracts the provisions of section 3 of Environments Protection Act, 1986, if so the nature of the restrictions: and
 - 2.3. 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 details nearby the proposed site
 - a) Name of adjoining manufacturing units and human habits, educational and training institutions, petrol installations, storages liquified Petroleum Gas and other hazardous substances, if any, within one kilometer from the proposed unit.
 - b) Water sources (crivers, streams, canal dams, water filtration plants) in the vicinity.
 - c) Nearest hospitals, Fire-stations, Civil Defence Stations and Police Station and their distances.
 - d) Details of high tension electrical transmission lines, pipe lines for oil, gas sewerage, if any, passing through the site, and e) Location of railway stations, railway lines, Scheduled road, bye pass, if any near the site.
 - 3.2. Plot Plan of the factory, showing entry and, exit points, roads.
4. Project Report.
 - 4.1. A summary of the salient features of Project.
 - 4.2. Maximum number of persons like be working in the factory.
 - 4.3. Maximum amount of power and requirements and source of supply.
 - 4.4. Block diagrams of the buildings installations, in the proposed and
 - 4.5. Details of housing colony, hospital, school and other infrastructural facilities proposed.
5. Organisation structure of the proposed manufacturing unit/factory :
 - 5.1. Person responsible far protection of safety, health and environment.
 - 5.2. Proposed health and safety policy of the proposed enterprise.
6. Manufacturing Process Information:
 - 6.1. Process flow diagrams.
 - 6.2. Brief write up on process and technology.
 - 6.3. Critical Process parameters such as pressure build up, temperature rise and run-away reaction.
 - 6.4. Other external effections critical to the process having safety implications such as in grass of moisture or water, contact with in compatiabile substances sudden power failure ; and
 - 6.5. High lights of the built-in-safety/pollution control devices or measures incorporated in the manufacturing technology.
7. Information of Hazardous Materials :

- 7.1. Raw materials, intermediates, products and bye products and their quantities (enclosed Material Safety Data Sheet in respect of each hazardous substances).
- 7.2. Main and intermediate storages proposed far raw material /intermediates/products/Bye Products(maximum quantities to be stored at any time)
- 7.3. Transportation methods to be used for materials inflow and out flow, their quantities to be stored at anytime ; and
8. Safety measures proposed for : • Handling of materials. • internal and external transportation, and • Disposal (packing and forwarding of finished products).
9. Information ort Dispersal/Disposal of wastes and pollutants ;
 - 9.1. Major Pollutants (gas, liquids, solid) their characteristics and quantities (average and at peak loads).
 - 9.2. Quality. And quantity of solid wastes generated, methods of their treatment and disposal.
 - 9.3. Air, Water and Soil Pollution problems anticipated and the proposed measures to control. the same, including treatment and disposal of effluents.
10. Process Hazards Information :
 - 10.1. Enclose a copy of the report on environmental impact assessment.
 - 10.2. Enclosed a copy of the report an Risk Assessment Study : and
 - 10.3. Published (open or classified) reports if any, on accident situation/occupational health hazards or similar plants (within or outside the country).
11. Information of proposed Safety and Occupational Health Measure ;
 - 11.1. Details of fire fighting facilities and minimum quantity of water carbon dioxide and other fire fighting measures needed to meet the emergencies;
 - 11.2. Details of in-house medical facilities Proposed.
12. Information on Emergency preparedness:
 - 12.1. On Site Emergency Plan; and
 - 12.2. Proposed arrangements, if any for mutual aid scheme with the group of neighbouring factories.

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

Signature

Date

Designation

By the order of the Governor
CHITHRA ARUMUGAM
Principal Secretary to Government