

**FORM-01**

[See rule 4 (6)]

**Application for grant of competency to a person**

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

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

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

I undertake

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

Place

signature

Date

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**FORM-02**

**[See rule 4 (6)]**

Application for grant of competency to an institution

1. Name and full address of the organization.
2. organization's status (specify whether Individual, Government, autonomous, co-operative, corporate or private)
3. purpose for which competency certificate sought (specify the section of the Act)
4. whether the organization has been declared as a competent person under any other statute (if so furnish details)
5. Particulars of persons employed and possessing qualification and experience

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S. No.	Name and designation	Qualification	Experience	Section(s)/rule(s) Under which person's competency sought
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6. Details of facilities and arrangements made for their maintenance and calibration periodically.
7. any other relevant information
8. Undertaking

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

(a) Notify to the Chief Inspector\_cum\_Facilitator in case the competent person leaves our institution.

(b) To maintain the facilities in good working order calibrating periodically as per manufacturer's instructions or as per National standards;

(c) notify to Chief Inspector\_cum\_Facilitator any change in facilities(either addition or deletion)

(d) to fulfill and abide by all conditions stipulated in the certificate of competency and

instructions issued by Chief Inspector of Factories from time to time

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

Date

Signature

Place

Head of Institution

Mobile number

Email

### FORM-03

[See rule 4 (8)]

#### Certificate of competency issued to a person or an institution

I ----- in exercise the power conferred on me under section 2(l) of The Occupational Safety, Health And Working Conditions Code 2020 and the rules made there under, here by recognize shri----- (if employed in Name of institution) ----- to be Competent person for the purpose of carrying tests, examinations, inspections and certification for such ***buildings, dangerous machinery, lifts, tackles, pressure plants, confined space, ventilation or plant and equipment as the case may be*** in an establishment located in state of Punjab under section [\_\_\_\_\_] of the Code and the rules made there under.

This certificate is valid from \_\_\_\_ to \_\_\_\_

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

1. tests, examinations, inspections and shall be carried out in accordance with the provisions of Code and the rules made there under.
2. tests, examinations, inspections and shall be carried out under the direct supervision of competent person
3. the certificate of competency shall stand cancelled if the person

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declared competent leaves the institution.

4. Competent person or institution shall submit reports as per provisions of the Code.
5. Any other condition Chief Inspector\_cum\_Facilitator may think fit.

Place

official seal signature

Date

Chief Inspector-cum-Facilitator,  
Punjab

**FORM-04**

*[See rule 6(1)]*

**Application for registration of an establishment as specified  
in section 3**

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1	Name of the establishment
<hr/>	
2	Address of the establishment
<hr/>	
	Village/town
<hr/>	
	Tehsil
<hr/>	
	District
<hr/>	
3	Nature of core activity to be carried in the establishment
<hr/>	
4	Type of establishment(Factory/Building and Other Contruction/Contract Work/Mining/Dock Work/ any other
<hr/>	
5	Labour Identification Number
<hr/>	
6	Name and address of the employer
<hr/>	
7	Email, mobile of employer
<hr/>	
8	a Maximum number of employees to be employed on any day during the year
<hr/>	

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- b Maximum number of employees were employed on any day during the last twelve months
- 
- 9 Date of commencement of activity in the establishment
- 
- 10 Electric load connected (in kilowatts)
- 
- 11 Constitution of establishment( Proprietorship/ partnership/limited company/government department/local authority/cooperative)
- 
- 12 Is building in which establishment situated own/ rented/allotted/through mutual agreement
- 
- 13 Is establishment employing or will employ inter-state migrant workers?  
if yes details thereof in Form -05
- 
- 14 National Industrial Classification Code
- 
- 15 Contractor Details
- 
- a Name and Address of Contractor
- 
- b Number of contract labour to be engaged
- c Nature of work of contract labour
- 
- 16 particulars of fee deposited amount date
- 

Declaration by the employer:

- (i) I hereby declare that the particulars given above are true to the best of my knowledge and belief.
- (ii) I undertake to abide by the provisions of The Occupational Safety, Health and Working Conditions Code 2020 and rules made there under.

DSC of Employer

**FORM-05**

[See rule 6 (5)]

**Details of inter-state migrants employed/to be employed in an establishment**

1. Name of establishment:
2. Address of establishment:
3. Name and address of employer:
4. Details of inter-state migrant workers

S.No.	Name	Father/Husband's name	Permanent address				Aadhar number	Mobile number
			Town/Village	Tehsil	District	State		

DSC of Employer

**FORM-06**

[See rules 7(2) and 8]

**Register of Establishments**

Sr. No.	Registration number and date	Name and address of the establishment	Name of the employer and his establishment	Nature of core activity to be under taken in the on any day	Maximum workers to be employed	Probable date of commencement	date of cessation	Remarks if any
1	2	3	4	5	6	7	8	9

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**FORM-07**

*(See rule 11)*

**Notice of Commencement**

This is to intimate that I \_\_\_\_\_ employer of M/S \_\_\_\_\_  
having registration number \_\_\_\_\_ will use the establishment for \_\_\_\_\_ w.e.f \_\_\_\_\_  
-----

Name of employer

Digitally/electronically signed

**FORM-08**

*(See rule 11)*

**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-09**

(See rule 12)

**Health Register**

Sr. No.	Name of Employee	Date of Employment	Age	Gender	Nature of Job	Date of Medical Examination	Results of Medical examination	Signature of the qualified medical Practitioner	Signature of Employer
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**FORM-10**

*(See rule 13)*

**Appointment Letter**

1. Name of the employee:
2. Name of employee's father:
3. Aadhar Number of employee:
4. UAN/ESI Number of employee:
5. Name and address of establishment:
6. (a) Registration number :  
(b) Labour Identification Number:
7. Designation:
8. Skill category of employee:
9. Wages (basic , dearness allowance):
10. Other allowances:
11. Avenues for achieving higher wages/position:
12. Medical Examination details:
13. Nature of duty:
14. Any other information:

Employer seal and signature

**FORM-11**

*(See rule 14)*

**Notice of Accident Resulting in death or bodily injury**

- 1 name of the employer
- 2 name and address of the establishment where accident took place?
- 3 Nature of activity being carried in establishment
- 4 (a) Branch or Department and exact place where the accident took place.  
(b) Details of contractor, if any
- 5 died/Injured person's

- 
- (a) Name
  - (b) Address
  - (c) Gender
  - (d) Age (last birthday )
  - (e) Occupation and designation
  - (f) Whether local or Inter-State
  - (g) Whether employee or out-sider
- 6 Date and time of accident
  - 7 Describe briefly how the accident occurred.
  - 8 Nature and extent of injuries
  - 9 in case the accident happened while traveling in employer`s transport state whether:-
    - (a) the injured person was travelling as a passenger to or from his place of work.
    - (b) the injured person was travelling with the express or implied permission of employer
    - (c) The transport is being operated by or on the behalf of the employer or some other person by whom it is provided in pursuance of arrangement made with employer, and
    - (d) The vehicle being/not being operated in the ordinary course of public transport service
  - 10 in case the accident happened while meeting emergency, state
    - (a) its nature
    - (b) whether the injured person was at the time of accident was employed for the purpose of and in connection with employer`s trade or business.
  - 11 Name and addresses of witnesses

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

Signature of employer

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**FORM-12**

*(See rule 15)*

**Notice of Dangerous Occurrence**

1. Name of the employer
2. Name and address of the establishment where dangerous occurrence took place?
3. Nature of activity being carried in establishment
4. (a) Branch or Department and exact place where the dangerous or took place.  
(b) Details of contractor, if any
5. Date and time of dangerous occurrence
6. Describe briefly how occurred
7. Details of person/property/fauna-flora affected due to this occurrence
8. Name and addresses of witnesses

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

Signature of Employer

**FORM-13**

*(See rule 16)*

**Notice of Disease**

1. Name of Establishment
2. Address of Establishment
3. Address of employer
4. Nature of activity being carried out
5. Particulars of worker/employee
  - (a) Name
  - (b) Address
  - (c) Gender
  - (d) Age

6. Precise occupation of worker/employee
7. Nature of disease from which worker/employee is suffering

Signature of employer or Qualified Medical Practitioner

**FORM-14**

*(See rule 17)*

**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

**FORM-15**

*(See rule 18)*

**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 -16**

*(See rule 35)*

**Register of Compensatory Holidays**

Name and address of establishment:

S. No.	Name	Number in Adult Workers Register	Date of exempting order	year	Weekly rest days lost due to exempting order	Date of compensatory holidays given	Lost rest days carried to next year	Remarks

PUNJAB GOVT. GAZ. (EXTRA), MAY 17, 2021  
(YYSK 27, 1943 SAKA)

**FORM-17**  
*(See rule 38)*  
**Notice of period of work**

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Name and Address of establishment..... Registration No.....  
Rest day .....

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Periods of work	Total number of men employed		Total number of women employed		Nature of work	Remarks
	Adolescent	Adult	Adolescent	Adult		

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**FORM -18**

*(See rule 39)*

**Register of Adult Workers**

Name and Address of establishment:

S. No.	Name	Aadhar number	Address	Mobile Number	Email	Qualification	Experience	Date of joining	Designation	Date of leaving

PUNJAB GOVT. GAZ. (EXTRA), MAY 17, 2021  
(VYSK 27, 1943 SAKA)



**FORM -19**

*(See rule 44)*

**Adolescent Worker Register**

Name and Address of establishment:

S. No.	Name	Father`s name	Date of joining	Number and date of fitness certificate	Date of leaving the employment	Remarks

**FORM -20**  
*[See rule 45(1)]*  
**Muster-Roll**

Name and Address of establishment:

Periods of work and rest period (time and coding)

S. No.	Name	Gender	Adult/Adolescent register entry number	Whether local or Inter-State Migrant	Social Security number (UAN/ESI)	O/T hours	Weekly-off

**FORM-21**  
*[See rule 45(2)(i)]*  
**Attendance Card**

Month:

- 1 Name and address of the establishment:
- 2 Name of the worker
- 3 Father`s name
- 4 Serial number in Adult Workers Register.
- 5 Designation

Period of Work		
Date	From	To

**FORM-22**

*(See rule 46)*

**Register of Accidents and Dangerous Occurrences**

Name and address of establishment:

Date/month/year of accident or dangerous occurrence	Date/month/year of report to authorities	Description of accident or dangerous occurrence	Details of injured/died person ( if any)	Date of return of injured person to duty	Total man- hours lost due to accident or dangerous occurrence
1	2	3	4	5	6

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**FORM -23**

*(See rule 47)*

**Leave with wages register**

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1	Name of employee
2	Number in Adult/Adolescent Register
3	Date of joining
4	Wage rate
5	Date of resignation/superannuation/ dismissal/death/etc.
6	Total number of days worked during the calendar year;
	I January
	II February
	III March
	IV April
	V May
	VI June
	VII July
	VIII August
	IX September
	X October
	XI November
	XII December
7	Leaves earned during the year
8	Balance of leaves from previous year
9	Total number at credit in the end of year
10	Leaves enjoyed during the year
11	Leaves encashed during the year
12	Balance leaves at the end of the year
13	remarks

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**FORM -24**  
*(See rule 48)*  
**Over-Time Register**

Name and Address of Establishment.....

Month .....

Name	Department	Date on which over-time has been worked	Extent of over-time	Normal rate of wage	Over-time rate of pay	Over-time earnings	Date on which over-time payment made
1	2	3	4	5	6	7	8

**FORM -25***(See rule 50)***Name of Authorities**

Name of establishment	
Address of establishment	
Employer`s Name	
Details of Inspector_cum_	Name
Facilitator of the area	Address
	Email
Details of medical officer of the area	Name
	Address
	Email

**FORM -26***(See rule 51)***Summaries of Code/Rules****FORM-27***(See rule 54)***Annual Return**

For the Year ending 31st December,\_\_\_\_\_

1. Registration number of establishment:
2. Name of establishment:
3. Address of establishment:
4. Name of occupier./Employer
5. Name of the manager.
6. type of establishment: A. Factory [ 2w(i)/2w(ii)/81] B. Motor transport C.BAOC D. other
7. Nature of activity
8. NIC Code

9. hazardous: MAH or Non-MAH
10. Ownership
- (a) Public sector
  - (b) Private sector
  - (c) Joint sector
  - (d) Co-operative sector
  - (e) proprietiership
  - (f) partnership
  - (g) government department/local authority
11. is the establishment seasonal?
12. no. of days worked in year.
13. (i) No. of Man-days worked during the year.

Particular	Male		Female		Total	
	Local	Migrant	Local	Migrant	Local	Migrant
Adult						
Adolescent						
total						

(ii) Average number of workers employed daily (man-days worked divided by days worked)

Particular	Male		Female		Total	
	Local	Migrant	Local	Migrant	Local	Migrant
Adult						
Adolescent						
total						

14 Total No. of man-hours worked including overtime but excluding the rest interval

Particular	Male		Female		Total	
	Local	Migrant	Local	Migrant	Local	Migrant
Adult						
Adolescent						



15. Average number of workers per week

16. In respect of establishments carrying on processes or operation declared dangerous under furnish the following information

Name of the dangerous process or operation carried on (See explanatory Note 'G')	Average number of persons employed daily in each of the process or operation given (See explanatory Note 'D')	Number of persons			
		Medically examine	declared unfit	Male	Female
1	2	3	4	5	6

(i)

(ii)

(iii) etc.

17. In respect of establishments carrying on processes or operation declared hazardous under section , furnish the following information

Name of the dangerous process or operation carried on (See explanatory Note 'G')	Average number of persons employed daily in each of the process or operation given (See explanatory Note 'D')	Number of persons			
		Medically examine	declared unfit	Male	Female
1	2	3	4	5	6

(i)

(ii)

(iii) etc.

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**Leave with wages**

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particular	Total number of workers	Number of workers entitled for leave with wages	Number of workers granted leave	Number of workers dismissed/ died/ discharged/ left the service	Number of workers in respect of whom wages in lieu of leave were paid
Adult	male				
	female				
Adolescent	male				
	female				
transgender					

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**Safety officers**

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Number of safety officer required	Number of safety officer appointed
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**WELFARE OFFICERS**

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Number of welfare officer required	Number of welfare officer appointed
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**Welfare facilities**

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Shelters or Rest-Rooms or Lunch-Rooms
Canteen
Creches
Ambulance Room

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**ACCIDENTS**

Type of accident	Number of accident	Man-days lost In case worker returned to duty during year in which accident occurred	Man-days lost In case worker returned to duty during succeeding year in which accident occurred	Number of accidents covered under MSIHC Rules
Fatal				
Non-fatal				
Dangerous occurrence				
total				

Certified that the information furnished above is to the best of my knowledge and belief, correct.

Signature of the employer

Date.....

Explanatory Notes :

1 The average number of workers employed daily should be calculated by dividing the aggregate number of attendance on working days (that is, men-days worked) by the number of working days in the year. In reckoning attendance, attendance by temporary as well as permanent employed should be counted, and all employees should be included, whether they are employed directly or under contractors. Attendance on separate shifts (e.g. night and day shifts) should be counted, separately. Days on which the establishment was closed for whatever cause, and days on which the manufacturing processes were not carried on should not be treated as working days. Partial attendance for less than half a shift on a working day should be ignored, while attendance for half a shift or more on such day should be treated as full attendance.

2 For seasonal establishment, the average number of workers employed during the working season and the off-season should be given separately. Similarly the number of

days worked and average number of man hours worked per week during the working and off-season should be given separately.

3 The average number of hours worked per week means the total actual hours worked by all workers during the year excluding the rest intervals but including overtime work divided by the product of total number of workers employed in the establishment during the year and 52 weeks. In case the establishment has not worked for the whole year, the number of weeks during which the factory worked should be used in view of the figure 52.

4 Every person killed or injured should be treated as one separate accident. If in one occurrence six persons were injured or killed it should be counted as six accidents.

**FORM-28**

[See rule 57(5)]

**Notice of Intention to have sample analysed**

Number: \_\_\_\_\_ date: \_\_\_\_\_

To  
.....  
.....

Take notice that it is intended to have analysed the sample of\*  
.....which has been taken today, the.....  
.....day of.....20..... from\*  
.....

(Name of the Inspector-cum\_Facilitator who orders sampling).

(Seal)

Date .....

**FORM-29**

[See rule 57(9)]

**Report by Laboratory**

Report No. ....

Date .....

I hereby certify that I .....Analyst working in.....duly  
received on the.....day of ..... 20..... from  
\*.....a sample of .....for analysis.

The sample was in a condition fit for analysis as reported below.

I further certify that I have analysed the aforementioned sample on .....and  
declare that the result of the analysis to be as follows:

\*\*.....

The condition of seals, fastening of samples on receipt was as follows:

Signed this.....day of.....20.....

Address .....

.....  
Signature  
(Laboratory Analyst)

**FORM-30**

(See rule 59)

**Certificate of Fitness**

Certificate Number: date:

1. Name of Adolescent:
2. Father`s Name:
3. Address:

- 
4. Gender:
  5. Age:
  6. Descriptive marks
  7. Remarks

Name and Signature of Medical Officer

**FORM-31**

[See rule 59(8)]

**Register of medical examination of adolescents**

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S. No.	Name of Adolescent	Address	Date of examination	Date of deposit of fee	Whether fit or unfit	Signature of adolescent	Signature of medical officer
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**FORM-32**

*(See rules 62 and 63)*

**Application for issue and grant, renewal of license for a contractor**

- (i) Whether the application is for: (a) renewal of license (b) work-specific license
- (ii) Name and address of the contractor (including his father's name in case of individuals)
- (iii) Father's name
- (iv) Particulars of establishment where contract labour is to be employed:
  - (a) Name and address of the establishment:
  - (b) Type of business, trade, industry, manufacture or occupation carried on in the establishment.
  - (c) Number & date of Certificate of license of the establishment under the

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code.

- (d) Name and address of the Principal Employer:
- (iv) Particulars of the Contract Labour:
- (a) Nature of work in which contract labour is employed or to be employed in the establishment:
- (b) Duration of proposed contract work (give particular of proposed date of commencing & ending)
- (c) Name and address of the authorised person of Contractor at establishment
- (d) Maximum number of contract labour proposed to be employed in the establishment on any date
- (e) No. of inter state migrant workers to be employed: Fill details in Form no. 5 as mentioned in Rule 6
- (v) Amount and particulars of Licence fee deposited:
- (vi) Amount and particulars of security deposit, if any, or requested to be adjusted:

Signature of the Applicant-Contractor

**FORM-33**

*[See rules 62(4), 63(2) and 64(3)]*

**License to contractor**

**Government of Punjab**

**Office of Designated Authority under the Occupational Safety, Health And  
Working Conditions Code 2020**

No: .....

Date: .....

Fee paid: .....

Security deposited.....

Licence is hereby granted to.....

under Section 47(1) of The Occupational Safety, Health And Working Conditions Code 2020  
subject to the conditions specified in annexure.

2. This licence is for doing the work of .....

in the establishment M/S.....

3. The number of workmen employed, as contract labour in the establishment  
shall not, on any day, exceed.....

4. This licence shall remain in force till 31.12.20...

Place :

Date :

**FORM-34**

*(See Rule 64)*

**Application for amendment of licence for a contractor**

- (i) Name and address of the contractor
- (ii) License number:
- (iii) Particulars of amendment:
  - (a) Name
  - (b) address :
  - (c) Number of contractor labour to be employed/supplied
  - (d) No. of inter state migrant workers to be employed : Fill details in Form no. 5 as mentioned in Rule 6
  - (e) Nature of work for contractor labour to be employed/supplied
- (iv) Amount of additional Licence fee deposited:
- (vi) Amount of additional security:

Signature of the Applicant-Contractor





**FORM-36**

*(See rule 68)*

**Notice of intimation of work-order by contractor**

I ..... Shri of M/s..... having license Number..... hereby intimate that work order to supply labour/execute work (Name of work) from the establishment (Name and address ) has been issued and work shall commence from.....

Signature of the Contractor

**FORM-37**

*(See rules 70 and 73)*

**Register of Security Deposit/Refund/Release**

S. No.	Name and Address of the contractor	Amount of security deposited	Date of security deposit	Amount released from security deposit for payment	Reference of order of authority for release of payment from security deposit	Remarks
1	2	3	4	5	6	7

**FORM-38**

*[See rule 75(1)]*

**Application under section 57(2)**

- a. Name of aggrieved party:
- b. Address of communication:
- c. Details of grievance:
- d. Reasons of claim:
- e. Details of documents attached:

Signature of aggrieved party



**FORM-40**

*(See rule 79)*

**Format of agreement**

This agreement is made on this ..... of .....20.....  
between Messers ..... having office at ..... (a sole  
proprietary concern/a firm registered under the Partnership Act, 1932/a  
Company incorporated and registered under the Companies Act, 1956)  
(hereinafter referred to as the "Producer") on the first part and Shri/Smt/Kumari  
..... 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:

Whereas the Producer is engaged in the audio visaul production as defined in  
section 2(e) of The Occupational Safety, Health And Other Working Conditions  
Code 2020.

Whereas the said producer is desirous to engage the Audio Visual Worker in  
the capacity of a ..... in the aforesaid Audio Visual production and  
the Audio Visual Worker accepts the same :

Now, therefore this agreement is made as follows:

1. That both the parties agree that the duration of this agreement shall be  
form the date hereof till the completion of the Audio Visual production and this  
period shall not exceed..... consecutive months.
2. That the Audio Visual worker agrees to attend studio, location or work  
place, as the case may be, subject to the requirement of his previous engagement  
and on his confirmation, to his respective job punctually as and when he shall  
be required by a written intimation by the Producer or the person duly authorised  
by him in writing.
3. That inconsideration of the Audio Visual Workers' 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

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Audio Visual Worker to complete the film, 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 Audio Visual 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 Audio Visual production, whichever is earlier.

6. It is agreed by the Producer that for the purposes of this agreement,

(a) a working day shall mean a period not exceeding eight consecutive hours (to include one hours' break for rest and refreshments) ;

(b) a working week shall mean a six-day week from Monday to Saturday, both inclusive, and the Audio Visual Worker is not liable to work on Sundays and Public Holidays :

(c) the Audio Visual worker shall not be required to work for more than five consecutive hours without a break ; and

(d) a period of not less than twelve hours shall elapse between the Audio Visual Worker's release from the studio/location/work-place and the next succeeding call.

7. 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 travelling allowances to and fro to report to duty and food allowance while on duty as are customary or fixed by bilateral arrangements between the Producer's and Audio Visual Worker's representative organisations.

9. That the Producer shall also pay for all travelling and accommodation

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expenses, fares, cost of food and such other allowances as are customary when the Audio Visual Worker is required to work on location outdoors.

10. That the Producer shall get the Audio Visual Worker insured for any injury or damage to his/her person including death caused by accident arising out of or in the course of his/her employment and/or during the period of his/her assignment under this agreement.

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

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

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

12. That in case if the Producer desires to terminate this agreement before the expiry of its term for reasons other than misconduct in relation to performance of the Audio Visual Worker's duties or of his/her unwillingness to perform the services required under this agreement, the producer shall be entitled to do so only upon payment of the balance of the stipulated amount of the agreement. Only after such payment to the Audio Visual Worker, the Producer shall be 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 film and the work he/she has

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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 workers' 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 film 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 Audio Visual production.

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 production may direct and shall comply with all reasonable instructions that he may give for the production of the Audio Visual production.

17. That the Audio Visual -worker shall comply with all the regulations of the studio, location or work place as the case may be.

18. 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.

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

20. That the Producer shall not utilise the work of the Audio Visual worker in any f Audio Visual production, other than the Audio Visual production under

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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-41**

[See rule 86(4)]

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

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

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

Signature of the applicant





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**FORM-43**

*(See rule 88)*

**Stability Certificate**

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

I certify that I have inspected the building/buildings, the plans of which have been approved by the Chief Inspector-cum-facilitator vide letter No-----date----- and examined the various parts including the foundations with special reference to the machinery, plant, etc. that have been installed. I am of the opinion that the building/buildings which has/have been constructed/reconstructed/extended/taken into use is/are in accordance with the plans approved by the Chief Inspector-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-44**

(See rule 92)

**Register of Building Plans of Factories**

S. No.	Name and Address of Factory	Date of submission	Date of		Date of amendment	Date of refusal	Date of return	Processing fee		Remarks
			Regular approval	Deemed approval				amount	date	

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**FORM-46***(See rules 105,116,141)***CERTIFICATE OF FITNESS FOR HAZARDOUS OR PROCESS  
DANGEROUS OPERATIONS**

1. Serial No. \_\_\_\_\_
2. I certify that I have Personally examined \_\_\_\_\_ (Name of person examined) having serial Number \_\_\_\_\_ (In Adult Worker Register) who is desirous of being employed in \_\_\_\_\_ (hazardous process/ dangerous operation) in factory \_\_\_\_\_
3. He is fit to be employed
4. He may be produced for further examination after a period of \_\_\_\_\_
5. He has gone undergone following tests/examinations:

S.No.	Name of test/examination	remarks
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6. Remarks of medical officer:

Name and signature of medical officer



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**FORM-48**

(See rule 105 Schedules XXVIII, XXX, XXXIII)

**Register of Tight Clothes**

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S. No.	Name and father's name of worker	Designation or nature of work	Department	Date when tight clothes given	Signature or thumb impression of worker
1	2	3	4	5	6

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**FORM-49**

(See rule 105)

**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 drop 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 drop 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

.....

**FORM-50**

*(See rule 106)*

**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.



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### 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 liquefied Petroleum Gas and other

hazardous substances, if any, within one kilometre from the proposed unit.

(b) Water sources (rivers, 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, bypass,, 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 proposeds 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 buildup,

temperature rise and run-away reaction.

6.4 Other external effects critical to the process having safety implications such as ingress of moisture or water, contact with incompatible substances sudden power failure ; 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 byproducts and their quantities (enclosed Material Safety Data Sheet in respect of each hazardous substances).

7.2 Main and intermediate storages proposed for raw material /intermediates/ products/Bye Products (maximum quantities to be stored at any time)

7.3 Transportation methods to be used for materials in flow and out flow, their quantities to be stored at any time ; and

7.4 Safety measures proposed for :

-----handing of materials.

-----internal and external transportation, and

-----disposal (packing and forwarding of finished products).

8. Information on Dispersal/Disposal of wastes and pollutants ;

8.1 Major Pollutants (gas, liquids, solid)their characteristics and quantities (average and at peak loads).

8.2. Quality. And quantity of solid wastes generated, methods of their treatment and disposal.

8.3. Air, Water and Soil Pollution problems anticipated and the proposed measures to control .the same, including treatment and disposal of effluents.

9. Process Hazards Information :

9.1. Enclose a copy of the report on environmental impact assessment.

9.2. Enclosed a copy of the report on Risk Assessment Study : and

9.3. Published (open or classified) reports if any, on accident situation/ occupational health hazards or similar plants (within or outside the country).

10. Information of proposed Safety and Occupational Health Measure ;

10.1. Details of fire fighting facilities and minimum quantity of water carbon dioxide and other fire fighting measures needed to meet the emergencies ; and

10.2. Details of in-house medical facilities Proposed.

11. Information on Emergency preparedness :

11.1. On Site Emergency Plan : and

11.2. 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

### **FORM-51**

*(See rules 108, 109 and 110)*

### **Material Safety Data Sheet**

#### **1. CHEMICAL IDENTITY**

(i) Chemical Name

(ii) Chemical Classification

(iii) Synonyms Trade Name

(iv) Formula

(v) C.A.S. No.

(vi) U.N. No.

1. 2.

3. 4.

**2. PHYSICAL AND CHEMICAL DATA :**

- (i) Boiling Range/Point oC
- (ii) Physical State Appearance
- (iii) Melting Freezing Point oC
- (iv) Vapur Pressure Odour at 350 C mm Hg
- (v) Vapur Density (Air-I) Solubility in Water at 300 C Others
- (vi) Specific Gravity Water-1

**3. FIRE AND EXPLOSION HAZARD DATA :**

- (i) Flammability Yes/No
- (ii) LEL %
- (iii) UEL %
- (iv) Flash Point 0C
- (v) Autoignition Temperature
- (vi) TDG
- (vii) Explosive
- (viii) Sensitivity to impact
- (ix) Explosion Sensivity to Static Electricity
- (x) Hazardous Combustion Products
- (xi) Hazardous Polymerisation
- (xii) Combustible Liquid
- (xiii) Corrosion Material
- (xiv) Flammable Material Oxidiser Others Pyrophoric Material Organic Peroxide

**4. REACTIVITY DATA :**

- (i) Chemical Stability
- (ii) Incompatibility With other Material
- (iii) Reactivity

(iv) Hazardous Reaction Products

**5. HEALTH HAZARD DATA :**

(i) Routes of Entry

(ii) Effects of Exposure / Symptoms

(iii) Emergency Treatment

(iv) ILV (ACGIH) ppm mg/m<sup>3</sup>

(v) STEL ppm mg/m<sup>3</sup>

(vi) Permissible Exposure Limit ld ppm mg/m<sup>3</sup> Odour Threshold ppm mg/m<sup>3</sup>

50 LD

50 NFPA Hazards Signals Health Flammability Stability Special

**6. PREVENTIVE MEASURES :**

(i) Personnel Protective Equipment

(ii) Heading and Storage

(iii) Precautions

**7. EMERGENCY AND FIRST AID MEASURE :**

(i) FIRE FIRE EXTINGUISHING Media

(ii) FIRE Special Procedures

(iii) Unusal Hazards

(iv) First – Aid Measures

(v) EXPOSURE

(vi) Antidots/Desages

(vii) Steps to be taken SPILLS

(viii) Waste Disposal Method

**8. ADDITIONAL INFORMATION OR REFERENCE :**

**9. MANUFACTURE AND SUPPLIERS DATA :**

(i) Name of Firm

- (ii) Mailing Address
- (iii) Telephone / Telex Contact person
- (iv) Nos. Telegraphic in Emergency
- (v) Address
- (vi) Local Bodies involved
- (vii) Standard Packing
- (viii) Trameard Detail of reference
- (ix) Others

**10. DISCLAIMER Information**

contained in this material data sheet is believed to be reliable but no representation guarantee or warranties of any kind are made as to its accuracy, suitability for a particular application or results to be obtained from them. It is up to the manufacturer / seller to ensure that the information contained in the material safety data sheet is relevant to the product manufacture handled or sold by him as the case may be. The Government makes, no warranties expressed or implied in respect of the adequacy of this document for any particular purpose.

**FORM-52**

**(See rule 123)**

**Application to appropriate authority under section 90**

- a. Name of occupier or manager:
- b. Name and Address of factory:
- c. Details of grievance:
- d. Reasons of claim:
- e. Details of documents attached:

Name and signature of occupier/manager

**FORM-53**  
**(See rule 145)**

**Penalty Register**

Office of Deputy Director of Factories..... (Address of office)

For the month of..... (Name of month with year)

S.N o.	Name and address of person whom penalty imposed	Date and numbe r of referen ce of imposi ng penalt y	Date of depo sit	Offen ces for which penalt y impos ed	Amo unt of penalt y	Date of depo sit	Wheth er appeal preferr ed	Signat ure of officer imposi ng penalt y	Remar ks
1		3	4	5	6	7	8	9	10

(a) Total penalty collected at the end of month:

(b) Details of transfer of amount to fund:

(i) Date:

(ii) Amount:

(iii) Bank details of transfer:

Signature and seal of Deputy Director of Factories

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**FORM-54**

**(See rule 146)**

**Performa for Appeal before the Appellate Authority against Order of  
Imposing Penalty**

To,

Appellate Authority

[Under Section 111(2) of the Code]

Sir,

I undersigned with following details prefer an appeal against order of -----  
------(details of officer imposing penalty) under section 111(2) of The  
Occupational Safety, Health And Working Conditions Code 2020.

1. Name and address of the establishment.
2. Name of the person preferring appeal and address details
3. Amount of penalty imposed by the officer.
4. Ground for Appeal with supporting documents

**Declaration**

I/We hear by declare that the particulars given above are true to the best of  
my/our knowledge and belief and I/We hereby declare that nothing has been  
concealed or any fact has been mis-represented in the above calculation made  
by me/us.

Signature of person preferring appeal

Name:

Date:

Place:

Mobile Number:

E-mail (if any):



**FORM-55***[See rule 147(2)]***APPLICATION UNDER SUB-SECTION (1) OF SECTION 114  
FOR COMPOSITION OF OFFENCE**

To,

The authorised officer

[under section 114(1)]

1. Name of applicant .....
2. Father's / Husband's name of the applicant .....
3. Address of the applicant .....
4. Name and Address of establishment in relation to applicant.....  
.....
5. Particulars of the offence .....
6. Section of the Code under which the offence is committed .....
7. Maximum fine provided for the offence under the Code.....  
.....
8. Whether prosecution against the applicant is pending or not .....
9. 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 .....
10. Any other information which the applicant desires to provide .....

Applicant

(Name and signature)

Dated:

**FORM-56**

[See rule 147(6)]

**Compounding/Composition Register**

Office of Additional/Deputy Director of Factories..... (Address of office)

For the month of..... (Name of month with year)

S. No.	Name and address of person of whom offence compounded	Name and address of establishment in relation to person of whom offence compounded	Date and number of reference of composition/compounding	Offences which are compounded	Amount of penalty	Date of deposit	Whether appealed or preferred	Signature of officer	Remarks
1	2	3	4	5	6	7	8	9	10

(a) Total penalty collected at the end of month:

(b) Details of transfer of amount to fund:

(i) Date:

(ii) Amount:

(iii) Bank details of transfer:

Signature and seal of Additional/Deputy Director of Factories

**FORM-57***(See rule 148)***Record of Social Security Fund**

S.No.	Amount received for fund	Source from received	Date of receive	Details of credit to the Punjab Unorganized Workers Welfare Board		
				Amount	Date	Bank details
1	2	3	4	5	6	7

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**FORM-58**

**(See rules 82,84,96,97,98,99,149)**

**Application for grant/ renewal/ amendment/ transfer of license as a  
factory/industrial premises for beedi or cigar/engagement of  
contractor**

1. Application for license –
  - (a) as a factory
  - (b) for engagement of contractor
  - (c) Industrial premises for beedi and cigar work
2. Full name and postal address of the establishment
3. Registration of establishment under the Code:
4. Details of person who will be occupier/principal employer
  - (a) Name
  - (b) Permanent address
  - (c) Local address
  - (d) Email
  - (e) Mobile number
5. Full name and address of the owner of the Premises or building (including the percents Thereof)
6. Core activity to be under taken along with details of hazardous substances as per section 2(za) of the Code.
7. NIC code
8.
  - (a) Total Number Workers to be employed in the period of license
  - (b) Total Number Workers were employed during last calendar year
9. Particulars of Contract Labour:
  - (a) Nature of work in which contract labour is employed or to be employed:
  - (b) Maximum number of contract labour to be Employed on any day:
  - (c) Number of Inter-State Migrants(Fill details in Form

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no. 5 as mentioned in Rule 6

- (d) Estimated date of commencement of each Contract work under each contractor:
- (e) Estimated date of termination of employment of contract labour under each contractor:

10. Power:

Connected or proposed to be connected (in KW)

11. Furnish Reference:

- (a) approval of plans
- (b) stability certificate
- (c) disposal of trade waste/effluents/hazardous waste/e-waste/ biomedical waste (which is applicable)

12. Details of fee

S.No	Particular	Amount	Date
a	Factory		
b	Engagement of contractor		
c	Industrial premises		

DSC of Employer/Occupier

**FORM-59**

(See rules 82,96 and 149)

**Common Licence For Factory/Beedi & Cigar Work/Engaging  
Contract Labour**

Government of Punjab

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

License number: \_\_\_\_\_ Date of issue: \_\_\_\_\_

A license is granted to Shree.....(Name of Occupier) of establishment M/S\_\_\_\_\_ registered under the section-3 of the code having registration number\_\_\_\_\_ as below;

---

A. To run as a factory in which manufacturing process \_\_\_\_\_ shall be carried by employing not more than \_\_\_\_\_ workers and power not more than \_\_\_\_\_ KW for the purpose of The Occupational Safety, Health And Working Conditions Code 2020 and rules made there under and whose plans are approved by Chief Inspector\_cum\_Facilitator vide number \_\_\_\_\_ date .

This license will remain in force from \_\_\_\_\_ till \_\_\_\_\_

Fee \_\_\_\_\_ Date of deposit \_\_\_\_\_

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

Fee ..... Date of deposit.....

---

1 Maximum number of workers to be employed as contractor labour

---

2 Nature of activity for which contractor labour shall be engaged

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

This license will remain in force from \_\_\_\_\_ till \_\_\_\_\_

Fee \_\_\_\_\_ date of deposit \_\_\_\_\_

Name And DSC of designated authority

**VIJAY KUMAR JANJUA**

Additional Chief Secretary to Government of Punjab,  
Department of Labour.