Form-A

(See Rule-3)

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

A. Establishment Details.

- 1. Retrieve details of Establishment from Portal:
- 2. Name of Establishment:
- 3. Location and Address of the Establishment:
- 4. Others details of Establishment:
 - a. Total Number of employees engaged directly in theestablishment:.....
 - b. Total Number of the contract employeesengaged:
 - c. Contract employees engaged or to be engaged in process:.....
 - d. Total Number of Inter-State Migrant workers employed:.....

6 (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

6 (b) For building and other construction work:

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

- 7. Ownership Type/Sector:
- 8. Activity as per National Industrial Classification:
- 9. Details of Selected NICCode:
- 10. Date of opening/Start of business:

B. Details of Employer:-

- 1. Name & Address of Employer / Occupier / Owner/Agent:
- 2. Designation:
- 3. Father's/ Husband's Name of the Employer:
- 4. Email Address, Telephone& Mobile No:

C. Manager/ AgentDetails

- 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. OthersDetails:-

Date-

Place;-

Signature/ E-sign/digital sign of employer

Form-B (See Rule- 5)

Notice of Commencement / cessation of Establishment:

1.	RegistrationNo:
2.	Name and Address of Establishment:-
3.	Name & Designation of employer (who has ultimate control over the affairs of the establishment:-
4.	Full address to which communication relating to the establishment to be sent:-
5.	Nature of work of the establishment:-
6.	In case of the notice is for commencement of work the approximate duration ofwork:-
7.	in case of cessation, the date ofcessation:
	I/We hereby intimate that the work of establishment having registration No
	commence/cessation is likely to be completed with effect from
	(Date)/On(Date)
	In case of cessation of work:
	I/we hereby certify that the payment of all dues to the workers employed in the establishment have been made and the premises are kept free from storage of hazardous chemicals and substances.
	Signature of the Employer
	To,
	The Inspector-cum-Facilitator

Form-C

(See Rule 6)

Form of Appointment Letter

1. Name of the Establishment;
2. Name of the Employe and Father/Mother's Name
3. Date of birth
4. Permanent Address of the employee
5. Post for which appointment is made
6. Nature of Work
(hazardous/Nonhazardous/Clerical/Supervisory/Managerial)
7. Details of salary and perks
8. Nature of Appointment(permanent/temporary/Contract)
9 Period of Annointment

Signature

Name and Designation of

Appointing Officer

Form-D

(See Rule 7(3))

Notice of Accidents, or dangerous occurrence resulting in Death or Bodily Injury

Т	о,
	Datedir,
	", give notice under Section 10 of the Occupational Safety, Health and Working Conditions Code
	t fatal/non-fatal accident occurred in this establishment to the person mentioned below :—
	. Name of occupier/Employer
	. Address of E.&.I. Employer's Code Nopremises where accident
	r dangerous occurrence took place
	. Nature of Industry
	Branch or department and exact place where the accident or dangerous occurrence took
	lace
•	. Name and address of injured person
	. <i>(a)</i> Sex
	b) Age (last birthday)
	c) Occupation of the injured person
7	. Local E.S.I. Office to which the injured person is attached
8	. Date, shift and hour of accident or dangerous occurrence
9	. (a) Hour at which the injured person started work on the day of accident or
d	angerousoccurrence
(1	b) Whether wages in full or part are payable to him for the day of the accident or dangerous
0	occurrence
1	O. Cause or nature of accident or dangerous occurrence
1	1. Cause of accident or dangerous occurrence :
(0	a) If caused by machinery
(i	i) Give the name of the machine and the part causing the accident or dangerous
0	ccurrence
(i	ii) State whether it was moved by mechanical power at that time
(1	b) State exactly what the injured person was doing at that time
(0	c) In your opinion, was the injured person at the time of accident or dangerous
0	ccurrence
(i	i) Causing contravention of provisions of any law applicable to him, or
•	ii)causing contravention of any orders given by or on behalf of his employer, or
•	iii) causing without instructions from his employer.
	d) In case reply to (c), (i)(ii) or (iii) is in the affirmative whether the act was done for the
	surpose of securing safety in connection with the employer's trade or business.
	2. In case the accident or dangerous occurrence happened while travelling in the employer's
	ransport state whether
-	the injured person was travelling as a passenger to or from his place of work
(i	ii) the injured person was travelling with the express or implied permission of his employer,

(iii) the transport is being operated by or on k whom it is provided in pursuance of arrangem	pehalf of the employer or some other person by ents made with the employer, and
(iv) the vehicle is not/being operated in the or	• •
	·
	rence happened while meeting the emergency
state	
(i) its nature	
	accident or dangerous occurrence was employed
	ousiness in or about the premises at which the
accident or dangerous occurrence took place.	
14. Describe briefly how the accident or dange	erous occurrence occurred.
15. Name and addresses of witnesses:	
(1)	
(2)	
16. (a) Nature and extent of injury (e.g. fatal,	loss of finger, fracture of leg, sealed or scratch
and followed by sepsis.)	
(b) Location of injury (right leg, left hand or lef	t eve etc.)
	ce is not fatal, state whether the injured person
was disabled for more than 48 hours.	to 15 hot rataly state whether the injured person
(b) Date and hour of return to work.	
	whom or in which the injured person received or
	whom of in which the injured person received or
is receiving treatment.	hough a factorial in annual
(b) Name of dispensary/panel doctor selected	
19. (i) Has the injured person died	
(ii) If so, date of death	
I certify that to the best of my knowledge and	belief, the above particulars are correct in every
respect.	
	Signature
	Name and Designation of the Occupier or
	Manager-Employer
	Employer's Address and Code
	No
(This space is to be completed by the Inspecto	r-cum-Facilitator)
Sex (Men, Women, Boy or Girl).	
District	
Date of receipt.	
Number of accidents or dangerous occurrer	nces. Causation number, other particulars (e.g.
fatal leg injury, arm injury, etc.)	
Date of Investigation	
Result of Investigation	

Form-E

(See rule 7(3)) Notice ofdangerous occurrence

1.	1. Name and address of Establishment								
2.	2. Name of the Occupier								
3.	name of	the Manager							
	4. Name of Industry								
	Branch or Department and exact place where the dangerous occurrence took								
	place								
		hour occurrence							
7.	Nature of	f Accident or Dangerous Occu	rrence (state exact	ly what happened).					
		f Employees affected by such	· ·	• • • • • •					
	Sr.no	Name of the Employee	Employee Code]				
			,						
					1				
]				
	•	t, to the best of my knowledge	e and belief, above	particulars are correct i	n every				
re	spect.								
			Sig	nature of the Occupier /	'Manager.				
Date of dis	spatch of	report							
(T	his space	to be completed by Inspector-	cum-Facilitator)						
District			Date of rece	int					
2.00				Date of receipt Date of investigation					
D O No			Date of mive		•				
Causation No									
CausatiOII	INU								
Result of i	nvestigati	on]					
	•			-					

Form-F

(See rule 7(4))

		ce of Accident or dangerous of and address of Establishmen						
		e of the Occupier						
	3. name of the Manager 4. Name of Industry 5. Branch or Department and exact place where the dangerous occurrence took place							
	•	and hour occurrence						
	7. Natu	re of Accident or Dangerous O	ccurrence	e (state exac	ctly what happened).			
	8. Deta	ils of Employees affected by su	uch accide	ent or dange	erous occurrence.			
	Sr.no	Name of the Employee	Emplo	yee Code	Desigantion	Period of absence		
Date o	respect	that, to the best of my knowl the continuous continuou		S	re particulars are corre	·		
					ceipt estigation			
Result	of invest	igation]			

Form-G

(See rule 9)

Notice of Disease

1-	Name of the Establishment
2-	Category of the Establishment(Factory/Beedi Establishment/Plantation Establishment/Construction Establishment/Other Establishment)
3-	Details of patient
	(a) Name of the patient
	(b) Employee code
	(c) Address of the patient
	(d) Precise occupation of the patient
4-	Nature of the disease from which patient is suffering
5-	Date of detection of disease
6-	Detail of Medical Practicenor
7-	Date of report to Medical officer
	Siganture of Employer or Occupie
	Or Manager.
	Name and Designation
Da	te:-

Form-H (See rule 35)

APPLICATION FOR LICENSE

Application for License/ Renewal of License/Amendment of License (including Common/single license)

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

II. Details of Employer:

- 1. Full NameofEmployer: relationship withestablishment.
- 2. Full Address of Employer:
- 3. Email Id of employer:
- 4. Mobile No. of employer:

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

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

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

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

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

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

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

	Signature of Contractor
APPLICATION FOR AMENDMENT OF L	JCENCE :
1.LicenceNo	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, then additional fees/security deposit	ployed: (If there is increase in the maximum number of workers to be t as per law needs to be deposited:
(b). Details of fees paid through e payment date	e on which made :
©. Other details requiring amendment in the lic change required)	cence issued (Necessary documents may be uploaded in support of

Date of Application

Signature of the Contractor

Form-I (See rule 35 (2))

Form of Certificate by Principal employer

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

Date	
Place	
	Signature of Principal employer
	Name and Address of Establishment

Form-J (See Rule-38) Form of license

LicenceNo Reg.No			Date of Reg							
	Licenceishere	ebygrantedto			(Name of the	Contractor)				
	for the premis	sesknownas		(name of the principal employer)						
	situatedat -									
O		stablishment within the limits s fety, Health and Working Cond								
	The	-20	Issuing A	Authority						
Sl.No.	Date of issue	Valid For Maximum number of Contract labour /inter-state workers on any one day	Fee	Secur	ity deposit	Date of Payment				
		A	MENDMEN	ΓS:	Signature of issue	ing authority				
	ear when mended	Maximum number of Contract labour /workers on any one day	amendment fee		Date of Payment	Signature of the Issuing Authority				

Signature of issuing authority

Form-K

(See Rule-41)

EXPERIENCE CERTIFICATE OF CONTRACT EMPLOYEE

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 PrincipalEmployer*: 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 / AadhaarNo.: 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		To whom so ever concerned
3. Email Id of the contractor /employer*: 4. Mobile No. of the contractor/employer *: 5. Nature and location of work: 6. Name of PrincipalEmployer*: 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 / AadhaarNo.: 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	1.	Name ofcontractor/employer*:
4. Mobile No. of the contractor/employer *: 5. Nature and location of work: 6. Name of PrincipalEmployer*: 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 / AadhaarNo.: 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	2.	LIN/PAN No. of the contractor/employer *:
5. Nature and location of work: 6. Name of PrincipalEmployer*: 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 / AadhaarNo.: 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	3.	Email Id of the contractor /employer*:
6. Name of PrincipalEmployer*: 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 / AadhaarNo.: 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	4.	Mobile No. of the contractor/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 / AadhaarNo.: 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	5.	Nature and location of work:
8. Email Id of the Principal Employer:* 9. Mobile No. of the Principal Employer:* 10. Name of the worker*: 11. UAN / AadhaarNo.: 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	6.	Name of PrincipalEmployer*:
9. Mobile No. of the Principal Employer:* 10. Name of the worker*: 11. UAN / AadhaarNo.: 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	7.	LIN/PAN No. of the Principal Employer:*
10. Name of the worker*: 11. UAN / AadhaarNo.: 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	8.	Email Id of the Principal Employer:*
11. UAN / AadhaarNo.: 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	9.	Mobile No. of the Principal Employer:*
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	10.	Name of the worker*:
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	11.	UAN / AadhaarNo.:
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	12.	Mobile No.:
registered asa beneficiary: 15. Period ofEmployment: 16. Designation: Seal and Signature of Contractor	13.	Serial Number in the Employee Register:
16. Designation: Seal and Signature of Contractor	14. regi	
Seal and Signature of Contractor	15.	Period ofEmployment:
	16.	Designation:
*Please strike off whichever is not applicable.		Seal and Signature of Contractor
	*Ple	ease strike off whichever is not applicable.

Form-L

(See rule 42)

Application for declaration of core activity

To,	
	Principal Secretary/Secretary,
	Labour and employment
	Government of Uttar Pradesh.
1-	(name and address of establishment) is engaged in manufacturing of
2-	The flow chart of manufacturing process is attached herewith.
3-	
4-	The detail of the activity in question
5-	Detail grounds of the application
6-	Number of workers employed in the activity in question
7-	Total number of workers employed in the establishment
	Prayer
	Signature
	(Name and Address)
	Verification
It is beli	verified that the content of the application is true and correct to the best of my knowledge and ef.
	Signature
	(Name and
Add	dress)

Form-M

(See rule 46(1))

Form of Agreement

This	agreement	is	made	on	this	day		month		year	.betweenMessers
hav	ingofficeat			(here	einafter	referre	to as th	e—Produce	er) on the fir	st partand	Shri/Smt/Kum
	son/dau	ghter	/wifeofSh	ri		residing.	gat		(hereina	fterreferre	dtoasthe-audio-
visual	worker) on t	he se	cond par	t. The	e terms	_Prod	ucer' and	_audio-vis	sual worker	' shall inc	clude their heirs,
succes	sors, administ	rator	s and lega	l repr	esentat	ives:					

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 consecutivemenths.
- 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.
- 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 rateofRs perhouror 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 rateofRs fortheworkduringtheextendedhoursandrefreshments, and transport facilities.
- 8. That the Producer shall provide transport and food or pay traveling allowances to and fro to report to duty and food allowance while on duty as are customary or fixed by bilateral arrangements between the Producer's and audio-visual worker's representative organizations.
- 9. That the Producer shall also pay for all travelling and accommodation expenses, fares, cost of food and such other allowances as are customary when the audio-visual worker is required to work on locationoutdoors.
- 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 thisagreement.
- 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 oftermination.
- 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/herplace.
- 13. That the Producer shall have the right to terminate this agreement on ground of misconduct on the part of the audio-visual worker in relation to performance of his/her duties or his/her unwillingness to perform the service required under the agreement, upon payment to the audio-visual worker of the amount due at the time of termination, calculated taking into consideration the audio-visual worker's total work in the audio-visual and the work he/she has completed till the date of termination of this agreement. Termination under this clause shall not be made unless the charges of the Producer against the audio-visual worker are proved before a forum comprising equal number of representatives of the Producers' Organisation and the audio-visual worker's Organisation to which the Producer and the audio-visual worker respectively may belong. The decision of the forum shall be binding on both the parties. The producer can engage another audio-visual worker for the job towards this agreement only after the forum has given a decision in favour of such termination and the audio-visual worker has been paid all hisdues.
- 14. That in case of premature termination of this agreement, it shall be the option of the Producer whether or not to retain the work of the audio-visual worker in the audio-visual and at the same time, it shall be option of the audio- visual worker whether or not to allow his/her name to go on the credit titles of the film.
- 15. That the Producer shall have the right to decide the manner of representing the audio-visual worker's personality on the screen, his/her clothes, make-up and hair-style and the audio-visual worker shall fully and willingly comply with the direction of the Producer in this regard, provided that the requirements of the Producer in this respect have been notified to the audio-visual worker and accepted byhim/her.
- 16. That the audio-visual worker agrees that he/she shall render his/her services to the best of his/her ability in such manner as the Producer or, at his instance, the Director of the audio-visual may direct and shall comply with all reasonable instructions that he may give for the production of thefilm.
- 17. That the Producer shall also pay for all traveling and accommodation expenses, fares, cost of food and such other allowances as are customary when the audio-visual worker is required to work on locationoutdoors.
- 18. That the Producer shall get the audio-visual worker insured for any injury or damage to his/her person including death caused by accident arising out of or in the course of his/her employment and/or during the period of his/her assignment under thisagreement.
- 19. That where the Producer is prevented from proceeding with the production of the audio-visual by reason of fire, riot, natural calamity, order of the public authority or any other reason beyond his control:-
- (a) he shall be entitled to suspend the operation of this agreement during the period of suspension of production in case the production is suspended. The producer shall serve notice in writing of such suspension on the audio- visual worker and shall pay all his/her dues up to the date of service of such notice. Upon resumption of work on the film, this agreement shall revive and shall remain valid for the period stipulated in Clause I excluding the period of suspension there from ;or
- (b) he shall be entitled to terminate this agreement as form the cessation of production, in case the

production ceases completely. The producer shall serve a notice in writing of such cessation on the audio-visual worker and make payment of all the amount due to the audio-visual worker at the time oftermination.

- 20. That in case if the Producer desires to terminate this agreement before the expiry of its term for reasons other than misconduct in relation to performance of the audio-visual worker's duties or of his/her unwillingness to perform the services required under this agreement the producer shall be entitled to do so only upon payment of the balance of the stipulated amount of the agreement. Only after such payment to the audio-visual worker, the Producer shall been titled to employ another audio-visual worker in his/herplace.
- 21. That the Producer shall have the right to terminate this agreement on ground of misconduct on the part of the audio-visual worker in relation to performance of his/her duties or his/her unwillingness to perform the service required under the agreement, upon payment to the audio-visual worker of the amount due at the time of termination, calculated taking into consideration the audio-visual worker's total work in the audio-visual and the work he/she has completed till the date of termination of this agreement. Termination under this clause shall not be made unless the charges of the Producer against the audio-visual worker are provide before a forum comprising equal number of representatives of the Producers' Organisation and the audio-visual worker's Organisation to which the Producer and the audio-visual worker respectively may belong. The decision of the forum shall be binding on both the parties. The producer can engage another audio-visual worker for the job towards this agreement only after the forum has given a decision in favor of such termination and the audio-visual worker has been paid all hisdues.
- 22. That in case of premature termination of this agreement, it shall be the option of the Producer whether or not to retain the work of the audio-visual worker in the audio-visual and at the same time, it shall be option of the audio-visual workers whether or not to allow his/her name to go on the credit titles of thefilm.
- 23. That the Producer shall have the right to decide the manner of representing the audio-visual worker's personality on the screen, his/her clothes, make-up and hair-style and the audio-visual worker shall fully and willingly comply with the direction of the Producer in this regard, provided that the requirements of the Producer in this respect have been notified to the audio-visual worker and accepted byhim/her.
- 24. That the audio-visual worker agrees that he/she shall render his/her services to the best of his/her ability in such manner as the Producer or, at his instance, the Director of the audio-visual may direct and shall comply with all reasonable instructions that he may give for the production of thefilm.
- 25. That the audio-visual worker shall comply with all the regulations of the studio, location or work place as the case maybe.
- 26. That the Producer shall not without the consent in writing of the audio-visual worker, assign or transfer the benefit of this agreement to any other person.
- 27. That the provisions of the Employees' Provident Funds and Miscellaneous Provisions Act, 1952 shall be applicable to this agreement.
- 28. That the Producer shall not utilise the work of the audio-visual worker in any film, other than the audio-visual under this agreement, without prior permission of the audio-visual worker.

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

1. Witness Producer

Name Address

2. Witness

audio-visualworker

Name Address

Form-N

(See rule 48)

Application for grant of license

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

Signature of applicant*

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

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

Form-O

(See rule 48(4))

Form of Declaration by employer

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

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

Date .-

Signature (Name and Address)

Form-P

(See rule 51)

Record of outside work

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

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

Form-Q (See rule 52(1))

Form of Approval of plans and permission for site.

1-	Name of the factory
2-	Location of the factory(if possible geo-mapping)
3-	Name of the employer
4-	Address, telephone number and E-mail Id of the employer
5-	Name and Address, telephone number and E-mail Id of the Occupier
6-	Name and Address, telephone number and E-mail Id of the Manger
7-	Activity or proposed activity as per national industrial classification
8-	Detail of selected NIC code
9-	Number of the workers employed or to be employed
10-	Details of power used or to be used
	Signature
	(Name and Address)

Attachment ;-

- 1- Process flow diagram
- 2- Drawing plan
- 3- Form Q
- 4- Form R
- 5- Form S
- 6- Certificate of Stability in Form T

(See rule 52(3)) Particulars of rooms in the factory

Name	Dimensi	Dimensions in feet									Floor a	rea	Breathing	Total
of	Difficition	ensions in feet							Total	- 1	occupie		space	volume
room in									squar	- 1	· ·	J	(contents	of air in
factory									feet	- 1	machine	rv	in cubic	1
ractory									licet	- 1	in the ro			room
	Length	Breadth	Heigh	t								0111	recty.	
			Maxir	aximum		Minimum		verag						
1	2	3	4		5			6			8		9	10
Number	Ventila	ation				Maximum		Maxim	- 1			Dat		Remarks
of doors		size and of ws skyl	nber size ight nings	Total area in squar e feet	-	the room		persons intended to be employed in the rooms		is us wo ro fo sto	ork- oom of		5.1 40.1011	
11	12	13		14		15		16		17	7	18		19

Signature c	of the	Occupier
-------------	--------	----------

Questionnaire Annexed to Form No.

Careful attention to the questionnaire will assist in drawing up the plans in accordance with the law, and thus prevent delay in dealing with the plans.

Plans—

(a) Has a site-plan showing the immediate surroundings including adjacent buildings and other structures, roads, drains, etc., been submitted in triplicate.

Signature of the Manager.....

- (b) If there is a system of underground sewage within 100 ft. of the factory, has its position been shown in the site plan?
- (c) Have the direction *i.e.*, north, south, east and west been shown on the site-plans as well as on the detailed plans?
- (d) Have the municipal nos. or the field nos. of the premises and the surrounding areas been shown on the site-plan?
- (e) Have the factory premises been clearly demarcated in the site-plan in distinctive colour?
- (f) Have the detailed plans of the factory indicating all relevant details " relating to doors, windows, ventilators, fire escapes, etc., been submitted in triplicate?
- (g) Are all new buildings, parts of buildings (if extensions) or alterations in existing buildings shown by boundaries duly marked in a distinctive colour?
- (h) Are all rooms, sheds, enclosures, etc., serially numbered inside a circle on the plans, corresponding to the serial entry in Form No. 1?
- (i) Are the outlines of all rooms, sheds, enclosures, etc., shown in the site-plan and allotted the same number as in Item 1(h) above?
- (j) Is the sectional elevation of such a room or shed, etc., shown separately?
- (k) Is the minimum and 'maximum height of every room, shed, etc., shown clearly in the sectional elevation?
- (/) Is the material of which the roof is constructed indicated the sectional elevation?
- (m) Are the heights of all the workrooms in accordance with the provisions of Rule 4 as under:
- (i) Is the minimum height 20 ft. with C. I. sheet roofing?
- (ii) Is the minimum height 14 ft. with A. C. sheet roofing or R.B./R. C. C. roofing?
- (iii) Has an inner ceiling of a heat resisting material with an air gap of at least 4" been provided at a minimum height of 14 ft. and the name of the heat resisting material given?
- (iv) Has an exemption been sought for a height of up to 12 ft. R.B/R. G. C. roofing?
- (v) Has an exemption been sought for on the assurance of not employing more than 50 employees in the factory on any day?
- (n) Is the minimum distance of the nearest building from latrines and urinals shown on the plans?
- (o) Is the minimum distance of the nearest well, hand-pump or other drinking water centres shown in the drawing?
- (p) Are water centres shown on the plans?
- (q) Are the sizes of all the doors and ventilators shown on the plans along with their exCode position?
- (r) Are all the drains, pipes and sewers for carrying sullage sewage water effluent and waste products running within the factory premises constructed and shown in the plans?
- (s) Are the positions of various machines fitted or proposed to be fitted shown in the drawings together with their names ?
- 2. Form No. 1
- (a) Is Form No. 1 submitted in triplicate, filled in for all workrooms, godowns, *etc.* which are proposed to be constructed or extended?
- (b) Have the internal dimensions only been entered in all the columns of Form No. 1?
- (c) Is the breathing space of workroom, shed, etc., calculated as shown below:
- Floor area of room x its mean height (height above 14 ft. has to be left out of calculation).
- (d) Is the maximum capacity entered in Column No. 15 of Form No. 1 the maximum number of persons shown as the lower value of the two calculations shown below:

- (i) Floor area of a room less area occupied by machinery in the room divided by 36 [Rule 4(ii)].
- (ii) Breathing space [as in (c) above] divided by 500.
- (e) Have the maximum number of persons as worked out above (lower value) been also shown on the plans for each workroom corresponding to Column No. 15 of Form No. 17?
- (f) Is the window, ventilator and skylight area provided at the minimum rate of 1 sq. ft. to every 15 sq. ft. of floor area of the room? (Rule 19)?
- (g) Can the windows and skylights under Columns Nos. 12 and 13 of Form No. 1 all be opened for ventilation?
- It is recommended that windows and skylights may be provided one opposite to another so as to provide cross ventilation.
- (h) Has a flow chart of the manufacturing PROCESS supplemented by its brief description in various stages been submitted in triplicate?

Rule 3(1) (a)

- 3. Doors and ventilators.—(a) Is every work room provided with at-least two doors or exits?
- (b) Is the minimum size of every door or exit 6'-6"x3'
- (c) Have any doors of ventilators in common with two adjacent rooms been counted in both?
- (d) Are all the doors opening outwards?
- (e) Do the windows and skylights entered under Cols. 12 and 13 of Form No. 1 Actually serve the purpose of ventilation?
- 4. Fire Escapes.—(In case of buildings of more than one story
- (a) Are two fire escapes provided on either side of the building?
- (b) Are the fire escapes accessible from every room in the upper floor in the buildings?
- (c) Is the material used in construction of the fire escapes non-combustible?
- (d) Are the windows, doors giving access to an external stair-case arranged to open immediately from inside.
- (e) Is any fire escape or stair-way constructed at an angle greater than "450 ft. with the horizontal?
- (f) Is any fire escape or stair way less than 45'Un width?
- (g) Is any part of the factory building further (along the line of travel) than 150 ft. from the fire escape stair?
- (h) Have the particulars given against Items 4(e), (f) and (g) above been also clearly shown in the various drawings being submitted?
- (i) Is the setback area of the factory and its premises uncovered and free from obstruction?
- 5. Latrines and urinals.—(a) Are the latrines and urinals provided separately for men and women?
- (b) Are these sufficient to meet the requirements of Section 19, read with Rules 41 and 45?
- (c) Is the surrounding ground up to a distance of 4 ft. all round of impermeable material?
- (d) Is the surrounding ground raised to at least 6" above the ground level?
- (e) Is any latrines, ventilator or opening in the proximity of any opening of the main building?
- (f) Do any latrines or urinals communicate with any work room without any intervening space open to the sky?
- (g) Are the latrines of the flush type?
- (h) Are all the drains, pipes and sewers for carrying sullage, sewage water effluent and waste products running within the factory premises constructed of impermeable material?
- (i) Are the drains of flush type latrines connected to the drainage system of the local Boards?
- (j) Is an efficient system of septic tanks provided if no drainage system exists?

- (k) Are the latrines provided with roofing?
- 6. Drinking water.—(a) Is the drinking water provided from a source provided by the local Board.
- (b) Is any well constructed in the premises of the factory for drinking water or humidification purposes?
- (c) Is the cylinder of the well pucca and impervious to water throughout and up to a depth not less than the lowest level of sub-soil water?
- (d) Are the positions of water centres including wells, hand pumps situated at least 20 ft. away from the washing place, latrines and urinals?
- 7. Rest shelter, canteen and creches.—If the plans relate to any of these, the following questions should also be answered—
- (i) Rest shelter:
- (a) Does the building fully meet the requirements of Rule 69(a)?
- (b) Is the roof ef heat-resisting material?
- (c) Is the height of every room in the rest shelter at least 12 ft. from the floor level to the lowest part of the roof?
- (ii) Canteen:
- (a) Does the building fully meet the requirements of—Rule 68(4), Rule 68(5), Rule 68(6), Rule 68(7).
- (b) Are the canteen buildings situated not less than 50 yards from any latrines, urinals, boiler house, coals, stack coals dumps etc.?
- (c) What is the minimum height of the buildings of the canteen measured from the floor level to the lowest part of the roof?
- (iii) Creche:
- (a) Does the building of creche meet fully the requirements of—Rule 70(2)(a), Rule 70(2)(b), Rule 70(2)(d), Rule 70(2)(g).
- (b) Is the height of buildings not less than 12 ft. from floor level to the lowest part of roof? We certify that the replies given to the questionnaire above are correct.

Signature of Manager.

Signature of Occupier.

- *N. B.—(i)* After showing the above details, the plans and site-plan this questionnaire and Form No. 1 should all be submitted in triplicate to the Inspector of Factories of the Region concerned for the approval of the Chief Inspector of Factories, Uttar Pradesh.
- (ii) A certificate of stability signed by a person having the qualifications laid down in Rule 3(4) shall be submitted on Form No. 2 before the manufacturing PROCESS with the aid of power is begun in the building.

Form-S (See rule 52 (4)(e))

Certificate of Stability of a Factory or Part of a Factory

(To be submitted after completion and before working)

I hereby declare that I have personally examined the plans and specifications of the building described below, the actual materials and methods used in its construction and the finished building and I am satisfied that its construction is such that its stability will be satisfactory when used as factory or part of a factory for the purposes herein declared.

1.	Name of the factory
2.	Name of builder (s) or Contractor (s)
3.	General type of construction
	(a) Full name of signatory (in block letters)
	(b) Qualifications
	(c) Present occupation
	(d) Permanent postal address
4.	Purpose for which the building is to be used
5.	Name of room or building for which this certificate is granted giving reference to plan no.
6.	Nature of work to be carried on in the above room/building
7.	Nature and amount of moving power
Dat	e

Signature of Certified Engineer (Name and Designation)

Signature of occupier (Name and Designation)

NOTE.—The person giving the certificate must be: (a) a Corporate Member of the Institution of Civil Engineers, or (b) a Corporate Member of the Institution of Structural Engineers or (c) a Fellow Associate or Licentiate of the Royal Institute of British Architects, or (d) be a graduate in Civil Engineering and be also a Corporate Member of the Institute of Engineers (India), provided that no person, except in the case of buildings occupied or erected by any Government where a certificate may be granted by an officer not below the rank of an Executive Engineer, shall be authorized to sign a certificate of stability if he is in the full time employment of the owner or the builder of the building.

Form-T

(See rule 52(4)(f))

Notice of occupation for Registration and grant or Renewal of License

01-Ful	name of the factory and its registration number	(if already registered)
02-	(a) Postal address and location of the factory	
	including the police station, tehsil and district	
(<i>b</i>) Ad	dress to which communication relating to the factory should be sent	
	(c) Contact Number and e-mail address of Factory	

	e of manufacturing process/ processesto be carried o in the factory duringthe next twelve
04-Names	s and values of the principal products to be manufactured during the next twelve months
05- Maxin	num number of workers proposed to be employed on any one day during the year
	ture and total amount of power (H.P.)installed or proposed to be installed
	num amount of power (H.P.) proposed to be used
	f power is not proposed to be used originally but is introduced later, the fact should be immediately
	cated tothe Chief Inspector-cum-facilitator.
	case of a factory constructed or extended after the date of the commencement of the rule
	nce number and date of approval of the plans for site, whether for old or new building and for
	ion or extension of factory, by the State Government/ Chief Inspector
	ence number and date of approval of the arrangements, if any, made for the disposal of trade
	d effluentsand the name of the authority granting such approval
	me, father's name and residential address of
	nager of the factory for the purposes of the Code
	cupier of the factory —
	prietor of the factory if it is a limited company of firm
	virectors of the factory if it is a limited company of firm
	Managing Agents have been appointed, the name of Managing Agents and their Directors
	nolders in case of a private company where no Managing Agents have been appointed
	ief Administrative Head of the factory if it is owned by Government or a public authority
	factory is covered by the provisions of Section 80 of the Code, full name, father's name, and address
	ner of the premises or buildings in which the factory is situated
	e on which the Manager assumed charge
	e on which the occupier occupied the premises or will occupy the premises
	nereby declare that our factory is complying / will comply with all health and safety provisions of
Thethe O	ccupational Safety, Health and Working Conditions Code, 2020 to the best of my knowledge.
D	ate
	Full signature of occupier
	(Name and Designation)
	Full signature of manager
	(Name and Designation)
	Full signature of owner, if any
Notes.	
(1)	This form should be completed in ink in block letters or typed.
(2)	If any of the persons named against the item is minor the fact should be clearly stated.
(3)	In the case of a factory where a Managing Agent or Agents have been appointed as occupiers

the Indian Companies Act, 1956, information required in the item should be supplied in respect

under

of that person or persons.

Form-U (See rule 52 (6))

Form of Certificate from Competent person

It is certified that I/We have examined the plan and details of Form P and the design and map of the proposed factory building. I/We further certify that the plan and details of Form P and design, map and other particulars given with Form P is in accordance with the Provisions of the Occupational Safety, health and Working Conditions Code, 2020 and Uttar Pradesh Rules made thereunder Date

2	
	Signature
	(Name and Designation)
	Seal
	Empanelment number

Form-V (See rule 53)

LICENCE UNDEROCCUPATIONAL SAFETY, HEALTH AND WORKING CONDITIONS CODE- $2020\,$

(Licence to Work a Factory)

Registration No:-	
Old Registration	
110	
Date Of Issue	/
described below for u year and using motive 1948, and the rules ma Description of The licenced Premis	ereby granted to SH / SMT
	Signature of Chief Inspector cum facilitator

Note:

- 1- This is a computer generated licence.
- 2- This licence may be verified from the website of the Labour Department, Govt. of UP www.uplabour.gov.in

This licence is issued solely on the basis of the information submitted by the applicant. The Labour Department does not undertake responsibility for the correctness of the information contained herein.

3- This license shall remain in force subject to validity of NOC from Concerned Department.

Form-W {See rule 54 (2)} Notice of occupation

LICENCE NUMBER	
For the year	
01-Full name of the factory and its licence number,	
02- (a) Address and situation of the factory including the police station, tehsil and district	
(b) Correspondence Address	
(c) Contact Number and Email Address of Factory	
03-Nature of manufacturing process/ processescarried on in the factory during thenext twelve months	04-
Names and values of the principal products manufactured during the last twelve months	
05-(a) Maximum number of workers proposed to be employed on any one day during the year	
(b) Maximum number of workers employed in any day during the last twelve months	
(c) Actual number of workers employed in the Factory at present	
06-(a) Nature and total amount of power (H.P.)installed	
(b) Maximum amount of power (H.P.)	
NOTE.—If power is not proposed to be used originally but is introduced later, the fact should be immedia	ıtely
communicated tothe Chief Inspector-cum-Facilitator.	
07-In the case of a factory constructed or extended after the date of the commencement of the rule	
(i) Reference number and date of approval of the plans for site, whether for old or new building and for	
construction or extension of factory, by the State Government/ Chief Inspector	
(ii) Reference number and date of approval of the arrangements, if any, made for the disposal of trad and effluents and the name of the authority granting such approval	e waste
08-Full name, father's name and residential address of	
(i) The person who shall be Manager of the factory for the purposes of the Act	
(ii)The occupier of the factory —09- If the factory	ctory is
covered by the provisions of Section 80 of the Code, full name, father's name, and address of the owner premises or buildings in which the factory is situated	er of the
10- Return submitted	
(Yes / No)	
11- Date on which the Manager assumed charge	
12- Date on which the occupier occupied the premises or will occupy the premises	
I hereby declare that our factory is complying / will comply with all health and safety provisions of The C 2020 to the best of my knowledge.	ode
Full signature of occupier	
Full signature of manager	
Date	

(276)

Form-X (See rule 60)

Notice of change of Manager

Name of factory with current licence number
Postal address of the factory
Name of outgoing manager
Name of the new manager with his postal residential address and telephone number, if
Date from which new manager took over charge
Signature of new Manager
e Signature of Occupier

Form-Y (See rule 79(4))

Register of persons in supervisory, managerial or confidential positions

Name of the Factory
License Number

Sr.No	Name	Father's name	Designation	Date of joining	Date of leaving
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					_

Form-Z

[See rule-95(1)]

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

To,													
				,									
(1)	Your	establi	shment	has be	en insp	ected b	y Inspe	ctor-cu	m-Fac	ilitator (on	. of	
			of 20										
(2)	In the	e said ii	nspectio	on you l	have be	en foui	nd viola	ting Se	ction				
						of t	he Cod	e.					
(3)	As po	er provi	sions o	f sub-se	ection (1) of S	ection 5	6 read	with S	ub-Rule	e(1) of	Rule 38	3,
` ′	you a	re here	by give	en notic	e to the	effect	that if y	ou are	willing	g to app	ly for c	omposi	tion
	-						-				-	Form V	
												nically o	
	_		_	_			_		-	of whic		-	
	belov	-	1								8		
	(i)		sury H	ead									
							0	r				1	
	(ii)	Flox	v chart	of elect	tronic n	avmen	_	•					
	(11)	110	Venant	or cree	rome p	ayiiicii							
		••••				• • • • • • • • •							
		••••				•••••		• • • • • • • •		• • • • • • • • •			••
		••••				• • • • • • • •		• • • • • • • •		• • • • • • • • •			••
		••••	••										
										(\$	ignatur	a)	
									,		_	gnation	
]	ivaille a		gnauon	
											of the		

Officer.....

Form-AA

[See rule-95 (1)]

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

To,
Kindly refer to your notice no dated I/we hereby
applying for composition of Offence and I have deposited Rs/- as the amount
of Composition by depositing through Treasury Challan or electronically through the portal
of Labour Commissioner on/ (dd/mm/year).
So please accept my application and close the proceeding under the Code.
Dated:
Enclosure: The Treasury Challan/Payment receipt of electronic
Payment.
(Signature)
Name of the Applicant
(1) Name of the establishment:
(2) Address of Establishment :