

4. Others details of Establishment:

- a. Total Number of employees engaged directly in the establishment:.....
- b. Total Number of the contract employees engaged:
- c. Contract employees engaged or to be engaged in process:.....
- d. Total Number of Inter-State Migrant workers employed:.....

5. Type of Establishment (Factory/Beedi Establishment/Plantation Establishment/Construction Establishment/Other Establishment)

6 (a) For factories:

Details of the manufacturing process & Type of Factory	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 work	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 NIC Code:

10. Date of opening/Start of business:

B.

Details of Employer:-

C.

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

D. Manager/ Agent Details

E.

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 :
4. Date on which the person assumed charge as Manager

F. 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

G.

Others Details:-

Date- Place:-

Signature/ E-
sign/digital sign of
employer

FORM-2

(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 of work:-
7. in case of cessation, the date of cessation:

I/We hereby intimate that the work of establishment having registration No.
.....dated.....is likely to
commence/cessation is likely to be completed with effect from
.....(Date)/On(Date)

Form 2A

In case of cessation of work:

I/we hereby certify that the payment of all dues to the employees employed in the establishment have been made and the premises are kept free from storage of hazardous chemicals and substances and it does not come under the purview of OSHW code,2021.

Kindly deregister for the purpose of this code.

Signature of the Employer

To,
The Inspector-cum-Facilitator

Health Register
[Form No.3]

(As Prescribed under the hazardous process, dangerous operations ,Section 6(1)(c) and rules therein)

1	Serial number	.........
2	Department/Work	.........
3	Name of worker	.........
4	Sex	.........
5	Age (last birthday)	..... ....
6	Date of employment or present work	.........
7	Date of leaving or transfer to other work with reasons for discharge for transfer	.........
8	Nature of job or occupation	.........
9	Raw materials products or by-products likely to be exposed to	.........
<i>Date of medical examination and the results thereof</i>		
10	Date	.....
11		.....
12	Signs and symptoms observed during examination	.....
13	Nature of tests and result thereof	.....
i	General physical examination	
ii	Vision –visual acuity and fundoscopy examination	
iii	Hearing- audiometry test, if required	
iv	Breathing- pulmonary function test or X-Ray, if required	
v	CBC test; and any other test if required	
vi	If observed any skin disease?	
vii	Result fit or unfit or any other comment	
14	If declared unfit for work state period of suspension with reasons in detail	.....
15	Whether certificate of unfitness issued to the worker	.....
16	Re-certified fit to resume duty on.....	.....
17	Signature, seal and registration no.of qualified medical practitioner	.....

Certificate of Fitness

[Form No. 4]

(As Prescribed under the hazardous process, dangerous operations ,Section 6(1)(c) and rules therein)

Serial Number :

I certify that I have personally examined (name) son of , (father's name) residing at (address) who is desirous of being employed as.....(designation) in (process, department and factory) and that his age, as nearly as can be ascertained from my examination, is years, and that he is, in my opinion, fit/unfit for employment in the above mentioned factory as mentioned above.

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

3. The serial number of the previous certificate is

<i>Signature/ Left Thumb- impression of the person examined.</i>	<i>Signature, seal and registration no.of qualified medical practitioner</i>
	<i>Date</i>

I certify that I examined the person mentioned above on	I extend this certificate until (if certificate is not extended, the period for which the worker is considered unfit for work is to be mentioned)	Signs and symptoms observed during examination	Signature, seal and registration no.of qualified medical practitioner

Form 5
(See Rule 7)
For Appointment Letter

1. Name of the Establishment;.....
2. Name of the Employee 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 wages and perks.....
8. Nature of Appointment.....(permanent/temporary/Contract)
9. Period of Appointment
10. Employee distinct no. or code.....
11. Category of skill.....
12. Aadhar no.....

Signature
Name and Designation of
Appointing Officer

**Notice of Accidents or Dangerous Occurrence, resulting in Death or
Bodily Injury**

FORM 6

(see Section 10,11 Rule 08.)

To,

.....
Dated.....

Sir,

I hereby give notice under Section 10/11 of the occupational safety, Health and working conditions code, 2020 that fatal/non-fatal accident occurred in this factory/establishment to the person mentioned below :—

1.

(a) Name of Employer (occupier) of the establishment.....

(b) Name of the Manager of factory/establishment.....

2. (a) Employer's employee state insurance Code No.....

(a) Name, address and email address of factory/establishment.....

(b) The section or part of factory where accident or dangerous occurrence took place.....

3. (a) Nature of Industry (General/Hazardous/MAH).....

(b) Main work of the establishment.....

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

5. (a) Name of injured person.....

(b) Father's name.....

(c) Designation.....

6. (a) Sex.....

(b) Age (last birthday).....

(c) Nature of work of the injured person.....

(d) Monthly wages of the person injured.....

(e) If the person is Contract labour, name and address of contractor.....

7. (a) Local E.S.I. Office to which the injured person is attached.....

(b) Injured person's employee state insurance number(if covered).....

8. Date, shift and hour of accident or dangerous occurrence.....
9. (a) Hour at which the injured person started work on the day of accident or dangerous occurrence.....
- (b) Whether wages in full or part are payable to him for the day of the accident or dangerous occurrence.....
- (c) whether the person was working on overtime.....
10. Cause and nature of accident or dangerous occurrence.....
11. Cause of accident or dangerous occurrence :
- (a) If caused by machinery.....
- (i) Give name of the machine and the part causing the accident or dangerous occurrence.....
- (ii) State whether it was moved by mechanical power at that time.....
- (b) State exactly what the injured person was doing at that time.....
- (c) In your opinion, was the injured person at the time of accident or dangerous occurrence.....
- (i) acting in contravention of provisions of any law applicable to him, or.....
- (ii) acting in contravention of any orders given by or on behalf of his employer, or.....
- (iii) acting without instructions from his employer.....
- (d) In case reply to (c), (i) (ii) or (iii) is in the affirmative state whether the act was done for the purpose of securing the safety in connection with the employer's trade or business.
12. In case the accident or dangerous occurrence happened while travelling in the employer's transport state whether.....
- (i) the injured person was travelling as a passenger to or from his place of work.....
- (ii) the injured person was travelling with the express or implied permission of his employer,
- (iii) the transport is being operated by or on behalf of the employer or some other person by whom it is provided in pursuance of arrangements made with the employer, and
- (iv) the vehicle being not/being operated in the ordinary course of public transport service.
13. In case the accident or dangerous occurrence happened while meeting emergency state.....
- (i) its nature.....
- (ii) whether the injured person at the time of accident or dangerous occurrence was employed for the purpose of his employer's trade or business in or about the premises at which the accident or dangerous occurrence took place.

14. Describe briefly how the accident or dangerous occurrence 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 left eye etc.)

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

(b) Date and hour of return to work.

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

(b) Name of dispensary/panel doctor selected by the injured person.....

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 Inspector of Factories) Sex

(Men, Women, Boy or Girl).

District

Date of receipt.

Number of accident or dangerous occurrence. Causation number, other particulars (e.g. fatal leg injury, arm injury, etc.)

Date of Investigation.....

Result of Investigation.]

Notice of dangerous occurrence not resulting in death or bodily injury

FORM NO. 6-A

(see Section 11, Rule 08)

1. Name and address of Factory/establishment.....
2. Name of the Occupier/employer.....
3. name of the Manager.....
4. Nature of Industry.....
5. Branch or Department and exact place where the dangerous occurrence took place.....
6. Date and hour occurrence.....
7. Nature of Dangerous Occurrence (state exactly what happened).....

.....

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

Signature of the Occupier / Manager.

Date of despatch of report.

(This space to be completed by Inspector of Factories)

District.....	Date of receipt.....
D.O. No.....	Date of investigation.....
Causation No.....	
Result of investigation.]	

FORM NO. 07

(Section 12, Rule 9)

Notice of certain diseases 1.

Name of factory.....

2. Address of factory.....

3. Address of office or private residence of occupier.....

4. Nature of industry.....

5. Name, father's name and factory ticket number of patient.....

6. Address of patient.....

7. Sex and age of patient.....

8. Precise occupation of patient.....

9. Nature of poisoning or disease from which patient is suffering and the approximate period of illness.....

10. Has the case been reported to the Certifying Surgeon.....

11. Have particulars of the case been entered in the Health Register.....

Signature of Factory Manager.....

Date.....

to be filled in by the ⁷³Inspector of factories

No. of case.....

Remarks.....

FORM NO. 08

[Section 31 Rule 23]

*Notice prescribed under Sections 31 rule.....
occupational safety , health and working conditions code, 2021*

Date of enforcement.....

Name of factory under which it is registered/proposed to be registered.....place.....district....

Group	Nature of work of each group		Number of workers employed in each group				Relay or set of workers	Shift or period of work					
			Permanent		Temporary								
1	2		3		4		5	6					
Tuesday					Saturday								
Men	Wo men	Men	Wo men	Men	Wo men	Men	Wo men	Men	Wo men	Men	Wo men	Men	Wo men
7	8	9	10	11	12	13	14	15	16	17	18	19	20

FORM No. 11-(contd.)

(Hours (time) of beginning and ending work for each relay, group and intervals of rest fixed under rule.....

Worker	Group	Name of work of each group	Relay or set of workers	Shift or period of work	Work commences		Rest interval or intervals	
					Mondays to Fridays	Saturdays	Sundays	
1	2	3	4	5	6	7	8	
Men Women Boy Girls								
Work ends								
From	To	From	To	From	To	Mondays to Fridays	Saturdays	Sundays
9	10	11	12	13	14	15	16	17

Charts showing the relation of relays working on continuous processes similar to those prescribed in

schedule "C"

First week	Second week	Third week
Mon. Tue. Wed. Thu. Fri. Sat. Sun.	Mon. Tue. Wed. Thu. Fri. Sat. Sun.	Mon. Tue. Wed. Thu. Fri. Sat. Sun.
Shift Relay		

Factory Manager's Signature.....

Instructions to be followed while filling in the notice of periods of work

1. Divide all the workers into groups according to their nature of work. Show the number of workers working in each group .
2. Use numericals (1, 2, 3 and 4, *etc.*) for groups.
3. Show the nature of work against each group.
4. Make relays of groups accordingly specify them as I, II, III, *etc.*
5. Show the daily working hours *exclusive of periods of the fixed rest interval* of each relay or set of workers in the upper half of the notice.
6. Use letters, A, B, C, *etc.* for shifts and periods of work.
7. Do not arrange the shift in such a way that more than one relay of workers is engaged in work of the same kind at the same time as overlapping shifts are prohibited .
- 8. Arrange the periods of work for workers in such a way that no adult worker is required to work for more than 8 hours in any day and that no worker shall work more than 5 hours before he has had an interval of rest for at least half an hour**
9. Arrange the working hours in such a way that weekly hours of the workers do not exceed 48 hours a week . Arrange the periods of work of adult workers in such a way that inclusive of rest interval they shall not spread over more than 10-1/2 hours .
10. Show the weekly holiday for each relay or set of workers in the foot-note of each notice.
11. Submit the notice of periods for work in duplicate to the Inspector cum facilitator of the Region concerned before the day it is enforced. If there is any change in the system of work a revised notice of periods for work shall be submitted [**Section 31**]

Special instructions for filling in the chart which is to be used only in cases of relays working on continuous process or of sets of workers working in successive periods.

- I. Show the periods of work *Inclusive of rest intervals* of adult workers on continuous processes in the upper half of the notice.

LEAVE REGISTER

FORM No. 09

(see Section 32,33 Rule24)

Serial No..... Department..... Serial no. or code in the Register of employee..... Date of entry into service.....	Name..... Father's name..... Date and amount of payment made in lieu of leave due.....
--	---

LEAVE WITH WAGES REGISTER NAME

OF FACTORY.....

1	Calendar year service	
2	Wage paid from..... to.....	
3	Wages earned during the wage period	
4	No. of days of work performed	No. of days worked during the calendar year
5	No. of days of lay-off	
6	No. of days of maternity leave	
7	No. of days of leave enjoyed	
8	Total of Columns 4 to 7	
9	Balance of leave from preceding year	Leave to credit
10	Leave earned during the year mentioned in Column 1	
11	Total of Columns 9 and 10	
12	Whether leave in accordance with scheme under Section 32 was refused	
13	Leave enjoyed from.....to.....	
14	Balance of leave to credit	
15	Normal rate of wages	
16	Remarks	

LEAVE BOOK FOR EMPLOYEE

FORM No. 10

(see Section 32 ,33Rule 25)

Serial No..... Department..... Serial no. or code in the Register of employee..... Date of entry into service.....	Name..... Father's name..... Date and amount of payment made in lieu of leave due.....
--	---

NAME OF FACTORY.....

1	Calendar year service	
2	Wage paid from..... to.....	
3	Wages earned during the wage period	
4	No. of days of work performed	No. of days worked during the calendar year
5	No. of days of lay-off	
6	No. of days of maternity leave	
7	No. of days of leave enjoyed	
8	Total of Columns 4 to 7	
9	Balance of leave from preceding year	Leave to credit
10	Leave earned during the year mentioned in Column 1	
11	Total of Columns 9 and 10	
12	Whether leave in accordance with scheme under Section 32 was refused	
13	Leave enjoyed from..... to.....	
14	Balance of leave to credit	
15	Normal rate of wages	
16		
17		
18	Remarks	

Overtime Register

FORM NO.11

(see Section 27 ,33,Rule 25)

Overtime muster-roll for persons on work month ending

Workers number in register	Name	Department	Dates on which overtime has been worked	Extent of overtime on each occasion		Total overtime worked in hours	Normal hours worked during the period
				Time from	Time to		
1	2	3	4	5	6	7	8

Normal rate of pay	Overtime rate of pay	Overtime earnings	Reasons for overtime
9	10	11	12

Register of Accidents and Dangerous Occurrences

[Form No.13]

(Section 33, Rule 25)

Serial No.	Date of report in Form No. 18 to inspector (notice to insurance authorities)	Time of report and notice	Name and address of the injured person	Sex	Age	Insurance No.
1	2	3	4	5	6	7

Shift, department and occupation of employee	Injury or dangerous occurrence					
	Date	Time	Place	Cause of injury or dangerous occurrences	Nature of injury or dangerous occurrences	What exactly was the injured person doing at the time of injury
8	9	10	11	12	13	14

Name, occupation, address and signature or thumb-impression of the person giving notice	Signature and designation of the person who makes the entry	Name, address and occupation of two witnesses	Date of return of injured person to work	Name of the State Insurance Local Office to which the injured person is attached	Remarks if any
15	16	17	18	19	20

Annual Return

FORM NO. 14
{Section 33, Rule26)
Year ending 31st December, 20...

1. Licence number issued by the Chief Inspector-cum-Facilitator-cum-Facilitatorcum facilitator
2. Name of the factory/ Establishment.....
3. Name the occupier/Employer.....
4. Name the manager.....since.....
5. District.....
6. Postal address, email-address and mobile no.....
7. Nature of industry (General/Hazardous/MAH).....
8. Main product of the factory.....
9. (i) Average number of employees employed daily.....
- (ii) Average number of workers [Section 2(1)(zzl)] employed daily.....

**(Column 4)—The average daily number should be calculated by dividing the aggregate of attendance on working days by the number of working days in the year.⁸⁰ [In reckoning attendances (1) attendance of a employee (a) for less than half of his scheduled working hours on a working day shall be omitted, and (i) attendance for half of his scheduled working hours or more on a working day shall be treated as full attendance (2) attendance of both temporary as well as parmanent workers shall be counted.] Attendances on separate shifts (e.g. night and days shifts) should be counted separately. Days on which the factory was closed, for whatever cause, and days on which the manufacturing processes were not carried should not be treated as working days.*

	Employees directly by, occupier	Employees directly by the contractor	Total average	Total number of apprentice	Total number of other apprentice
Men					
Women					
Adolescent					
Total					

10. Name, address and email- address of the contractor (s).....

11. (i) Normal hours worked per week for

Male Worker.....

Woman Worker.....

Other Apprentices.....

(ii) Total normal Man hour worked under Section 25.....

(Explanation; Man hour includes work done by employees)

12. Number of days worked in the year.....

13. What rest for intervals were given to employees(half an hour or one hour or two hour or others)

14. Whether first day of week was substituted as weekly holidays ?
.....Such numbers.....

15. Was the factory or part of factory is engaged in continuous process under schedule "C."

16. Over time(Section 27 and Rule 24.....)

(i) Total Man hour worked during the period under Section 27.....

17. Average number of woman employees engaged in a shift or part thereof
(Between 7 PM to 6 AM)

(i) Between 7 PM to 10 PM.....

(ii) 10 PM to 6 AM.....

18 . *Compensatory Holidays*

(i) Number of workers exempted from Section 26 of the code.....

(ii) Number of workers, who received holidays in the—

(a) Same month.....

(b) Following month.....

(c) Third month.....

29 *Leave with Wages(section 32)*

i) Total number of persons employed during the year

.....

(ii) Number of persons who are entitled to leave with wages during the year
preceding the year for which this return is submitted

(iii) Number of persons who are entitled to leave with wages during the year for
which this return is submitted

(iv) Number of persons who were granted leave during the preceding
year.....

(v) Number of persons who were granted leave during the year **for which the return**
is submitted

(vi) (a) The total number of workers discharged or dismissed from service during the
year.....

- (b) Number of discharged workers paid wages in lieu of leave.....
- (c) Total amount of wages paid in lieu of leave.....
- (d) Total number of workers who left the services of their own accord]
- (vii) Number of persons who gave notice not to avail themselves of leave during the year in which leave accrued
20. (i) Total number of days of involuntary unemployment during the year.....
- (ii) Number of unemployed workers.....
21. Does the factory come under—
- (i) Section 2(1)(za).....
- (ii) Section 82.....
- (iii) Section 80.....
22. Average daily number of employee employed in dangerous operations or Hazardous Process.....
23. (i) No. of safety officers employed under Section 22.....
- (ii) Name of chief safety officer and email address.....
- (iii) Name of the secretary of safety committee
24. If welfare officer is appointed under section 24(2)(iv).....

25. CANTEENS								
(For establishment ordinarily employing 100 or more workers)								
*26. Is a canteen provided in compliance of Section 24(1)(v) and its Rule----								
.....								
Does the canteen provide—				Approximate number of workers	Are the charges levied below	Percentage of expenditure borne by	How is the canteen	General remarks
Cooked food and	Cooked	Refreshment	Tea only					

refreshment, <i>etc.</i>	food only	and tea only		patronising canteen (daily)	cost price, if so, state items provided below cost price	the employer (details regarding items, if any, and amount subsidized should be given)	manage d	
1	2	3	4	5	6	7	8	9

*(Column 26). If the columns are insufficient for giving details, a separate sheet may be attached and detailed information submitted. Enter "Nil" against the column which is not applicable to your factory.

27. CRECHE

(For establishment ordinarily employing more than 50 workers)

27. Is a creche room provided/arranged in compliance of provisions of the code and rule? Provide Details [Section 24(3)].....

SHELTERS, REST ROOMS OR LUNCH ROOMS

(For establishment ordinarily employing more than 50 workers)

*28. Is a shelter, rest-room or lunch room provided in compliance of Section 24(2)(iii) and its Rule in addition to a canteen?

Average daily attendance of workers of shelter, rest room or lunch room	Details of facilities provided for drinking water	Details of accommodation, furniture and other equipments provided	General remarks
1	2	3	4

*(Column 27)-If the columns are insufficient for giving full details, a separate sheet may be attached and detailed information submitted. (ii) Enter "Nil" against the column which is not applicable to your factory.

28. ACCIDENTS

"Fatal and non-fatal accidents"

1			2	3	4					
Total number of accidents of dangerous occurrences during the year			Number of persons killed	Number of persons injured	Non-fatal accidents in which the workers returned to work during the year					
					Occurring during the year			Occurring during the previous year		
fatal	Non fatal	Dangerous occurrence without injury			<i>Number of accidents</i>	<i>Number of persons injured</i>	<i>Number of man-days lost on account of absence</i>	<i>Number of accidents</i>	<i>Number of persons injured</i>	<i>Number of man-days lost on account of absence</i>

Total no. of fatal accidents in preceding year of this return period.....

[I/We certify that information given by me/us is true and correct to the best of my/our knowledge.]

[The employer of every establishment shall furnish to Inspector cum facilitator of region on or before 15 January of each year an annual return in the form set forth for it.

Signature of Occupier.....

Signature of Manager.....

Dated.....

Nomination Form FORM No. 16

[Rule 30.]

I,son/daughter of... hereby require that in the event of my death before resuming work, that balance of my pay, due for the period of leave with wages not availed of shall be paid to..... who is my.....

Witnesses:

1.....

Signature of employee.

(Name.....)

2.....

Date.....

Present Address.....

Permanent Home Address.....

FORM-17
(See rule 40)
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 & Type of Factory

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 ofEmployer:

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'l classification	Date of commencement	Permanent establishment or probable date of completion	Maximum number of employees employed/ proposed to be employed	Maximum number of employees employed/ proposed to be employed
1	2	3	4	5	6	7

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

Name of States in which the establishments 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 LICENCE :	
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 : (If there is increase in the maximum number of workers to be employed, then additional fees/security deposit as per law needs to be deposited:	
(b). Details of fees paid through e payment date on which made :	
©. Other details requiring amendment in the licence issued (Necessary documents may be uploaded in support of change required)	

Date of Application

Signature of the Contractor

Form 18

(See rule 40)

Form of Certificate by Principal employer

Certified that I have engaged the applicant (Name of the Contractor) as a contractor in my establishment. I undertake to be bound by the all provisions of occupational safety health and working conditions code 2020 and Uttarakhand 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-19

(See Rule-42)

Form of license

LicenceNo.-----

Reg.No.-----

Date of Reg.-----

Licence is hereby granted to -----(Name of the Contractor)

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

situated at -----

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

The-----20..

Issuing Authority

Sl.No.	Date of issue	Valid For	Fee	Security deposit	Date of Payment
		Maximum number of Contract labour /inter-state workers on any one day			

Signature of issuing authority

AMENDMENTS:

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

Signature of issuing authority

FORM-20

(See Rule-45)

EXPERIENCE CERTIFICATE OF CONTRACT EMPLOYEE

<u>To whom so ever concerned</u>	
1.	Name of contractor/employer*:
2.	LIN/PAN No. of the contractor/employer *:
3.	Email Id of the contractor /employer*:
4.	Mobile No. of the contractor/employer *:
5.	Nature and location of work:
6.	Name of Principal Employer*:
7.	LIN/PAN No. of the Principal Employer:*
8.	Email Id of the Principal Employer :*
9.	Mobile No. of the Principal Employer:*
10.	Name of the worker*:
11.	UAN / 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	
*Please strike off whichever is not applicable.	

Form 21
(See rule 46)

Application for declaration of core activity

To,

Principal Secretary/Secretary,
Labour and employment
Government of Uttarakhand.

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

Prayer

.....
.....

Signature
(Name and Address)

Verification

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

Signature
(Name and Address)

Form 22
(See rule 50)
Form of Agreement

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

Now, therefore this agreement is made as follows:

1. That both the parties agree that the duration of this agreement shall be from the date hereof till the completion of the audio-visual and this period shall not exceed consecutive months.
2. That the audio-visual worker agrees to attend studio, location or work place, as the case may be, subject to the requirement of his previous engagement and on his confirmation, to his respective job punctually as and when he shall be required by a written intimation by the Producer or the person duly authorised by him in writing.
3. That in consideration of the audio-visual worker services, as aforesaid, the Producer agrees to pay and the audio-visual worker agrees to receive a sum of Rs.(Rupees) payable as advance on signing of this agreement and the balance of Rs.....payable in.....equal installments.
4. That in the event of the audio-visual production being not complete within the stipulated period and the Producer still needing the services of the audio-visual worker to complete the audio-visual production, the producer agrees to pay and the audio-visual worker agrees to receive additional remuneration on pro-rata basis, payable in the same manner as stated in Clause 3 above, till the completion of the production.
5. That in case the assignment of the audio-visual worker is completed earlier than the period stipulated in Clauses 1 and 4 above, the producer shall settle the account of the audio-visual worker and pay the remaining balance of the agreement amount in full before the commencement of re-recording work/censor of the production, whichever is earlier.
6. That the audio-visual worker shall, if so required,
 - (a) attend the studios, location or work-place, as the case may be, earlier than the a scheduled time of the shift, for preparatory work, and in that case, he/she shall be paid by the Producer extra wages at the rate of Rs per hour or part thereof for such early attendance.
 - (b) continue to work beyond the working day, with one hour break and in that case, he/she shall be paid by the Producer extra wages at the rate of Rs..... for the work during the extended hours and refreshments, and transport facilities.
8. That the Producer shall provide transport and food or pay traveling allowances to and fro to report to duty and food allowance while on duty as are customary or fixed by bilateral arrangements between the Producer's and audio-visual worker's representative organizations.
9. That the Producer shall also pay for all travelling and accommodation expenses, fares, cost of food and such other allowances as are customary when the audio-visual worker is required to work on location outdoors.
10. That the Producer shall get the audio-visual worker insured for any injury or damage to his/her person including death caused by accident arising out of or in the course of his/her employment and/or during the period of his/her assignment under this agreement.
11. That where the Producer is prevented from proceeding with the production of the audio-visual by reason of fire, riot, natural calamity, order of the public authority or any other reason beyond his control:-
 - (a) he shall be entitled to suspend the operation of this agreement during the period of suspension of production in case the production is suspended. The producer shall serve notice in writing of such suspension on the audio-visual worker and shall pay all his/her dues up to the date of service of such notice. Upon resumption of work on the film, this agreement shall revive and shall remain valid for the period stipulated in Clause 1 excluding the period of suspension therefrom ;or

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

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

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

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

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

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

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

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

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

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

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

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

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

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 NameAddress

Form 23
(See rule 52)
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 24
(See rule 54) 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 25
(See rule 55)
Particulars of rooms in the factory

Name of room in factory	Dimensions in feet					Total area in square feet	Floor area occupied by machinery in the room	Breathing space (contents)	Total volume of air in the room
	Length	Breadth	Height						
			Maximum	Minimum	Average				
1	2	3	4	5	6	7	8	9	10
Number and size of doors	Ventilation			Maximum capacity of the room	Maximum number of persons intended to be employed in the rooms	Whether the room is to be used as a work-room or for storage only	Date construction	Remarks	
	Number and size of windows openings	Number and size of skylight openings	Total area in square feet						
11	12	13	14	15	16	17	18	19	

Signature of the Occupier.....

Signature of the Manager.....

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.

- (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?
- (l) 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) 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" x 3' ?

(c) Have any doors or 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 ?

3. 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 45° 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 ?

4. 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 24 ?

(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 ?

5. 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 ?

6. 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 Section 24(1). ?

(b) Is the roof of 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— Section 24(1).

(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—Section 24(3).

(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-cum-Facilitator of Factories, Uttarakhand.

(ii) A certificate of stability signed by a person having the qualifications laid down in Rule 53(3) shall be submitted on Form No. 26 before the manufacturing PROCESS with the aid of power is begun in the building.

Form 25A (See rule 55)

Form of Approval of plans and permission for site (factories).

- 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 digram
- 2- Drawing plan
- 3- all particulars and documents as per provisions of section 79 and rule 54 to be attached.
- 4- Challan fee

Form 26
(See rule 55(3))

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.....ture and amount of moving power.....

Date.....

Signature of Certifying 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 27
(See rule 58)

LICENCE UNDER OCCUPATIONAL SAFETY, HEALTH AND WORKING CONDITIONS
CODE-2020
(Licence to Work a Factory)

Registration No:- Type of Factory.....

Old Registration
No:-

Date Of Issue .../...../...

Licence is hereby granted to SH / SMT valid only for the premises described below for use as a factory employing not more than persons on any one day during the year and using motive power not exceeding H.P. subject to the provisions of the Factory Act, 1948, and the rules made thereunder.

Description of the Licenced Premises

The licenced Premises shown on plan no. dated. .../.../... are situated in M/S.....
Address....., District : and consist of the buildings shown on.....
approved site plan.

Signature of Chief Inspector-cum-Facilitator-cum-
Facilitatorcum facilitator

Note:

- 1- This is a computer generated licence.
- 2- This licence may be verified from the website of the Labour Department, Govt. of Uttarakhand-
www.uklabour.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 NO. 28

(Rule 57)

Notice of occupation for Registration and grant or Renewal of License

Written notice prescribed under Sections 79 and rule 57

LICENCE NUMBER..... Type of Factory.....

01- Full name of the factory and its licence number,.....if already registered.

02- (a) Postal address and situation of the factory including the police station, tehsil and district

(b) Address to which communication relating to the factory should be sent

(C) Contact Number of Factory

(d) Email Address of Factory

03- Nature of manufacturing process/ processes

(a) carried on in the factory during the next twelve months (in case of factories already in existence)

(b) to be carried on in the factory during the next twelve months (in case of all factories)

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) Number of workers to be employed in the Factory

06-(a) Nature and total amount of power (H.P.) installed or proposed to be installed

(b) Maximum amount of power (H.P.) proposed to be used

NOTE.—If power is not proposed to be used originally but is introduced later, the fact should be immediately communicated to the Chief Inspector-cum-Facilitator-cum-Facilitator of Factories.

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-cum-Facilitator

(ii) Reference number and date of approval of the arrangements, if any, made for the disposal of trade waste and effluents and the name of the authority granting such approval

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 —

(a) the Proprietor of the factory if it is a private firm or proprietary concern

(b) the Directors of the factory if it is a limited company of firm

(c) where Managing Agents have been appointed, the name of Managing Agents and their Directors

(d) share-holders in case of a private company where no Managing Agents have been appointed.

(e) The Chief Administrative Head of the factory if it is owned by Government or a public authority

09- If the factory is covered by the provisions of Section 93 of the Factories Act (Act LXIII of 1948), full name, father's name, and address of the owner of the premises or buildings in which the factory is situated

10- Half Yearly & Annual 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

13-Amount of fee Rs.) with Bank / E-Challan Number/

Online Payment with date

I hereby declare that our factory is complying / will comply with all health and safety provisions of The Code 2020 to the best of my knowledge.

Full signature of occupier.....

Full signature of manager.....

Full signature of owner, if any

Date

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 under the Indian Companies Act, 1913 (VII of 1913), information required in the item should be supplied in respect of that person or persons.

FORM NO. 28-A

Notice of change of Manager

[Rule 66]

1. Name of factory with current licence number
2. Postal address of the factory.....
3. Name of outgoing manager.....
4. Name of the new manager with his postal residential address and telephone number, if any.....
5. Date from which new manager took over charge.....

Date.....

Signature of new
Manager.....

Place.....

Signature of
Occupier.....

Form 29

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

To,

.....,
.....
.....

- (1) Your establishment has been inspected by Inspector-cum-Facilitator on of..... of 20.....
- (2) In the said inspection you have been found violating Sectionof the Code.
- (3) As per provisions of sub-section (1) of Section 56 read with Sub-Rule (1) of Rule 38, you are hereby given notice to the effect that if you are willing to apply for composition of offence, you may apply for composition by submitting the application in Form VI-A along with deposit of Rupees /- through treasury challan or electronically on the departmental portal of Labour Commissioner. The details of which are given below.-

(i) Treasury Head

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

Or

- (ii) Flow chart of electronic payment.-.....
.....
.....

(Signature)
Name and designation
of the Officer.....

Form 30

**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 :.....