

FORM-I

[(See rule 12(1),(2), (3) and (4)]

Nomination/Fresh Nomination/Modification of Nomination

(Strike out the words not applicable)

To,

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

(Give here name or description of the establishment with full address)

I, Shri/Shrimati/Kumari.....(Name in full here)whose particulars are given in the statement below, hereby nominate the person(s) mentioned below/ have acquired a family within the meaning of clause (33) of section 2 of Code on Social Security, 2020 with effect from the(date here) in the manner indicated below and therefore nominate afresh the person(s) mentioned below to receive the gratuity payable after my death as also the gratuity standing to my credit in the event of my death before that amount has become payable, or having become payable has not been paid and direct that the said amount of gratuity shall be paid in proportion indicated against the name(s) of the nominee(s).

or

I, Shri/Shrimati/Kumari.....(Name in full here) whose particulars are given in the statement below, hereby give notice that the nomination filled by me on dateand recorded under your reference No.....dated..... shall stand modified in the following manner[

**Strike out unnecessary portion.*

- 2. I hereby certify that the person(s) mentioned is/are a member(s) of my family within the meaning of clause(33)of section 2 of the Code on Social Security, 2020.
- 3. I hereby declare that I have no family within the meaning of clause (33) of section 2 of the said Code.
- 4. (a) My father/mother/parents is/are not dependent on me.
(b) My husband's father/mother/parents is/are not dependent on my husband.
- 5. I have excluded my husband from my family by a notice dated the..... to the competent authority in terms of clause (33) of section 2 of the said Code.
- 6. Nomination made herein invalidates my previous nomination.

Nominee(s)

S.No.	Name in full with full address of nominee(s)	Relationship with the employee	Age of nominee	Proportion by which the gratuity will be shared
1. 2. 3. So on				

Manner of acquiring a “Family”

(Here give details as to how a family was acquired, i.e., whether by marriage or parents being rendered dependent or through other process like adoption)

Statement

1. Name of employee in full.
2. Sex.
3. Religion.
4. Whether unmarried/married/widow/widower.
5. Department/Branch/Section where employed.
6. Post held with Ticket No. or Serial No., if any.
7. Date of appointment.
8. Permanent address:

Village..... Thana..... Sub-division...
..... Post
-
Office.....
Pin-Code..... District..... State.....
E-mailID..... Mobile Number.....

Place:
Date:

Signature/Thumb-impression of the Employee

Certificate by the Employer

Certified that the particulars of the above nomination have been verified and recorded in this establishment.

Employer's Reference No., if any

Signature of the employer/Officer authorised
Designation
Name and address of the establishment or
rubber stamp thereof.

Date:

Acknowledgement by the Employee

Received the duplicate copy of nomination in **Form-I** filed by me and duly certified by the employer.

Date:

Signature of the Employee

FORM-II

[(See rule 13 (1) and (2)]

Application for Gratuity by an Employee/Nominee/Legal Heir
(Strike out the words not applicable)

To,

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

(Give here name or description of the establishment with full address)

Sir/Madam,

I,(name of employee/nominee/legal heir) /nominee of late.....(Name of the employee)/ as a legal heir of late.....(Name of the employee), beg to apply for payment of gratuity to which I am entitled under sub-section

(1) of section 53 of the Code on Social Security, 2020 on account of-

- (a) my superannuation/retirement/resignation after completion of not less than five years of continuous service/total disablement due to accident/total disablement due to disease/ on termination of contract period under fixed term employment with effect from the... or;
- (b) death of the aforesaid employee while in service/superannuation on.....after completion of.....years of service/total disablement of the aforesaid employee due to accident or disease while in service with effect from the... or;
- (c) death of aforesaid employee of your establishment while in service/superannuation on.....(date) without making any nomination after completion ofyears of service/total disablement of the aforesaid employee due to accident or disease while in service with effect from.....

Necessary particulars relating to my appointment are given in the statement below.

1. Name of employee in full, (if, the gratuity is claimed by an employee)
 - a. Marital status of employee (unmarried/married/widow/widower)
 - b. Address in full of employeeor
2. Name of nominee/legal heir, (if the gratuity is claimed by nominee/legal heir)
 - a. Name of Employee
 - b. Marital status of nominee/legal heir (unmarried/married/widow/widower)
 - c. Relationship of nominee/legal heir with the employee
 - d. Address in full of nominee/legal heir
 - e. Date of death and proof of death of the employee
 - f. Reference No. of recorded nomination if available
3. Department/Branch/Section where last employed
4. Post held by employee.
5. Date of appointment.
6. Date and cause of termination of service

7. Date of Death
8. Total period of service of the employee
9. Total wages last drawn by the employee.
10. Total gratuity payable to the employee/ share of gratuity claimed by a nominee/legal heir.
11. Payment may please be made by crossed bank cheque/credit in my bank account no.....

Yours faithfully,
Signature/Thumb-impression of the applicant
employee/nominee/legal heir.

Place:
Date

FORM-III

[(See rule 13 (4)]

Notice for Payment/ Rejecting claim of Gratuity

(Strike out the words not applicable)

To,

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

(Name and address of the applicant employee/nominee legal heir)

You are hereby informed that

(a) *as required under sub-clause (ii) of clause (a) of sub- rule (2) of rule 6 of the Code on Social Security (Karnataka) Rules, 2021, that your claim for payments of gratuity as indicated on your application in **Form-I** under the said rules is not admissible for the reasons stated below:

Reasons (Here specify the reasons); or

(b) *as required under sub-clause (i) of clause (a) of sub- rule (2) of rule 6 the Code on Social Security (Karnataka) Rules, 2021 that a sum of Rs.(Rupees.....) is payable to you as gratuity/as your share of gratuity in terms of nomination made by..... onand.....recorded in this.....as a legal heir of.....an employee of this establishment.

2. *Please call aton..... (Here specify place)(date) at.....(time) for collecting your payment of gratuity crossed cheque.

3. Amount payable shall be sent to you through demand draft or shall be credited in your bank account as desired by you.

4. Brief statement of calculation

(a) Date of appointment.

(b) Date of termination/superannuation/resignation/ disablement/death.

(c) Total period of service of the employee concerned:years.....months.

(d) Wages last drawn:

(e) Proportion of the admissible gratuity payable in terms of nomination/as a legal heir:

(f) Amount payable:

**strike out para, if, not applicable*

Place:

Date:

Signature of the Employer/authorised officer.

Name or description of establishment or rubber stamp thereof.

Copy to: The Competent Authority in case of denial of gratuity.

Copy also to: Office of DG Labour Bureau, Ministry of Labour and Employment, Chandigarh

FORM-IV
[(See rule 14(1)]

Application for Direction
Before the Competent Authority for Chapter V under the Code on Social Security, 2020

Application No.
Date:

BETWEEN
(Name in full of the applicant with full address) AND

(Name in full of the employer concerned with full address)

The applicant is an employee of the above-mentioned employer/a nominee of late..... an employee of the above-mentioned employer/a legal heir of late..... and employee of the abovementioned employer, and is entitled to payment of gratuity under section 53 of the Code on Social Security, 2020 on account of his own/aforesaid employee's superannuation on.....(date)/his own retirement/aforesaid employees' resignation on.....(date) completion of.....years of continuous service/his own/aforesaid employees' total disablement with effect from(date) due to accident/disease death of aforesaid employee on.....

2. The applicant submitted an application under Rule..... of the Code on Social Security (Karnataka) Rules, 2021 on thebut the above-mentioned employer refused to entertain it/issued a notice dated the..... under clauseof sub-rule of ruleoffering an amount of gratuity which is less than my due/issued a notice datedthe under clause..... of sub rule... of rule..... rejecting my eligibility to payment of gratuity. The duplicate copy of the said notice is enclosed.
3. The applicant submits that there is a dispute on the matter (specify the dispute).
4. The applicant furnishes the necessary particulars in the annexure hereto and prays that the Competent Authority may be pleased to determine the amount of gratuity payable to the petitioner and direct the above-mentioned employer to pay the same to the petitioner.
5. The applicant declares that the particulars furnished in the annexure hereto are true and correct to the best of his knowledge and belief.

Date:

Signature/Thumb impression of the applicant.

ANNEXURE

- 1 . Name in full of applicant with full address
- 2 . Basis of claim (Death/Superannuation/Retirement/Resignation/ Disablement of Employee/Completion of contract period under Fixed Term Employment)
- 3 . Name and address in full of the employee
- 4 . Marital status of the employee (unmarried/married/widow/widower)
- 5 . Name and address in full of the employer
- 6 . Department/Branch/Section where the employee was last employed (if known)
- 7 . Post held by the employee with Ticket or Sl. No., if any(if known)
- 8 . Date of appointment of the employee (if known)
- 9 . Date and cause of termination of service of the employee (Superannuation / retirement / resignation/disablement / death/Completion of contract period under Fixed Term Employment)
- 10 . Total period of service by the employee
- 11 . Wages last drawn by the employee
- 12 . If the employee is dead, date and cause thereof
- 13 . Evidence/witness in support of death of the employee
- 14 . If a nominee, No. and date of recording of nomination with the employer
- 15 . Evidence/witness in support of being a legal heir if a legal heir
- 16 . Total gratuity payable to the employee (if known)
- 17 . Percentage of gratuity payable to the applicant as nominee/legal heir
- 18 . Amount of gratuity claimed by the applicant

Place:

Date:

Signature/Thumb-impression of the applicant

FORM – V
[(See rule 15(1) and (8)]

Notice for Appearance before the Competent Authority/Summon
(Strike out the words not applicable)

To,

(Name and address of the employer/applicant)

Whereas Shrian employee under you/a nominee(s)/legal heir(s) of Shri.....an employee under the above-mentioned employer, has/have filed an application under sub-rule (4) of Rule 5 of the Code on Social Security(Karnataka) Rules, 2020 alleging that----

(A copy of the said application is enclosed, if, summon is issued then copy of application is not required)

Now, therefore, you are hereby called upon/summoned to appear before the Competent Authority at.....(place)either personally or through a person duly authorized in this behalf for the purpose of answering all material questions relating to the application on the day of20..... at 'O' clock in the forenoon/afternoon in support of/to answer the allegation; and as the day fixed for your appearance is appointed for final disposal of the application, you must be prepared to produce on that day all the witnesses upon whose evidence, and the documents upon which you intend to rely in support of your allegation/defence.

Take notice that in default of your appearance on the day before-mentioned, the application will be dismissed/heard and determined in your absence.

Whereas your attendance is required to give evidence/you are required to produce the documents mentioned in this list below, on behalf of in the case arising out of the claim for gratuity by..... Form..... and referred to this Authority by an application under section 56 of the Code on Social Security, 2020, you are hereby summoned to appear personally before this Authority on the day of20..... at 'O' clock in the forenoon/afternoon and to bring with you for to send to this Authority) the said documents.

List of documents-

- 1.
- 2.
3. so on

Given under my hand and seal, thisday of.....20.....

Competent Authorityunder the Code on Social
Security Code, 2020

Note:

- 1 . Strike out the words and paragraphs not applicable.
- 2 . The portion not applicable to be deleted.
- 3 . The summons shall be issued in duplicate. The duplicate is to be signed and returned by the persons served before the date fixed.
- 4 . In case the summons is issued only for producing a document and not to give evidence it will be sufficient compliance to the summons if the documents are caused to be produced before the Competent authority on the day and hour fixed for the purpose.

FORM – VI
[(See rule 15(14)]

**Notice for Payment of Gratuity as Determined by
Competent/Appellate Authority**
(Strike out the words not applicable)

To,

(Name and address of employer)

1. Whereas Shri/Smt./Kumari..... of an employee..... (address)under you/a nominee(s)/legal heir(s) of late..... an employee under you, filed an application under section 56 of the Code on Social Security, 2020, before me; or

Whereas a notice was given to you onrequiring you to make payment of Rs.....to Shri/Smt./Kumari.....as gratuity under the Code on Social Security, 2020.

2. And whereas the application was heard in your presence on.....and after the hearing have come to the finding that the said Shri/Smt./Kumari..... is entitled to a payment of Rs..... as gratuity under the Code on Social Security, 2020; or

Whereas you/the applicant went in appeal before the appellate authority, who has decided that an amount of Rs..... is due to be paid to Shri/Smt./Kumari.....as gratuity due under the Code on Social Security, 2020.

Now, therefore, I hereby direct you to pay the said sum of Rs.to Shri/Smt./Kumari..... within thirty days of the receipt of this notice with an intimation thereof to me.

Given under my hand and seal, thisday of..... 20.....

Competent Authorityunder the Code on Social Security
Code, 2020

Copy to:

1. The Applicant- He is advised to contact the employer forcollecting payment.
2. The Appellate Authority if applicable.

Note.---*(Strike out paragraphs if not applicable)*

FORM – VII
[(See rule 15(15)]

**Application for Recovery of Gratuity
Before the Competent Authority for Chapter III under the
Social Security Code, 2020.**

Application No.

Date:

BETWEEN

(Name in full of the applicant with full address)AND

(Name in full of the employer/Trust/Insurer concerned withfull address)

1. The applicant is an employee of the above-mentioned employer/a nominee of late.....an employee of the above mentioned employer/a legal heir of latean employee of the above-mentioned employer, and you were pleased to direct the said employer in your notice dated the under sub-rule (11) or sub rule (12) of rule 35 of Code on Social Security (Central) Rules, 2020 for payment of a sum of Rs..... as gratuity payable under the Code on Social Security, 2020.
2. The applicant submits that the said employer failed to pay the said amount of gratuity to me as directed by you although I approached him for payment.
3. The applicant therefore prays that a certificate may be issued under section 129 of the Code for recovery of the said sum of Rs.due to me as gratuity in terms of your direction.

Signature/Thumb-impression of applicant.

Place:

Date:

Note.—Strike out the words not applicable.

FORM VIII

(See rule 21)

Notice Book

Date of accident and time, if known	Name of work man injured	Address of Workman injured	Cause of injury	Date and time of notice	Thumb impression or signature of person giving notice
1	2	3	4	5	6

FORM IX
(See rule 22 (1))

Employers' statement regarding fatal accident

Whereas I have received information that a employee employed by you in at has died as the result of an accident arising out of and in the course of his employment, I hereby require you in accordance with Section 88 of the Code to submit to me within thirty days of this notice a statement in the enclosed form with the particulars required in paragraphs 1 and 2 and the particular required either in paragraph 3 or in paragraph 4, duly filled in. In the event of your admitting liability to pay compensation, the necessary deposit must, under Section 88 of the Code be made within thirty days of the receipt of this notice.

FORM-IX

(See rule 22(2))

In reply to your notice, dated the20, which was received by me on the20 , it is submitted thatresiding at a employee over/under 15 years of age employed in met with an accident on the20 as result of which he died/received serious bodily injury on the20. The monthly wages of the deceased amounted to Rs.

2. The circumstances in which the deceased met his death/received serious bodily injury were as follows:-
3. I admit liability to pay as compensation, on account of the deceased's death/serious bodily injury, the amount of Rs..... which was/will be deposited with you on/before the.....
4. I disclaim liability to pay compensation on account of the deceased's death/serious bodily injury, on the following grounds:
5. The name and addresses of the dependents of the deceased so far as known to us are

(One of these paragraphs to be struck out).

FORM-XA
(See rule 23 (1))
Memorandum of Agreement

It is hereby submitted that on the Day of20 , personal injury was caused to..... Residing at by accidentarising out of and in the course of employment in.....The said injury has resulted in temporary disablement to the said employee whereby it is estimated that he will be preventedfrom earning more than his previous/any wages for a period of Months, The said employee has been in receipt of half-monthly payments which have continued from the..... day of20 , until the Day of20 , amounting to Rs in all. The said employee's monthly wages are estimated at Rs..... The employee is over the age of 15 years/will reach the age of 15 years on.....

It is further submitted that..... The employer of the said employee, has agreed to pay, and the said employee has agreedto accept the sum of Rs.... In full settlement of all and every claim under the Code. In respect of all disablement of a temporary nature arising out of the said accident whether now or hereafter to become manifest, it is therefore requestedthat this memorandum be duly recorded.

Date.....

Signature
of
employer.....

Witness.....

Signature of employee.....

Witness.....

Note:- An application to register an agreement can be presented under the signature of one party, provided that the other party has agreed to the terms. But both signature shouldbe appended whenever possible.

.....
Receipt (to be filled in when the money has actuallybeen paid).

In accordance with the above agreement, I have this day received the sum of

Date..... 20

Signature or thumb-impression of employee .

The money has been paid and this receipt signed in my presence.

Witness.....
.....

Note:- This form may be varied to suit special case, e.g., injury by occupational disease, agreement when employee is under legal disability etc.

FORM XB
(See rule 23 (1))

Memorandum of Agreement

It is hereby submitted that on the day at20, personal injury was caused to residing atbyaccident arising out of and in the course of his employment in

..... The said injury has resulted in permanent disablement to the said workman of the following nature, namely The said employee's monthly wages are estimated at Rs..... The employee is over the age of 15 years/will reach the age of 15 years on The said employee has, prior to the date of this agreement, received the following payments, namely: -

Rs.....	on.....	Rs.....	on.....
Rs.....	on.....	Rs	on.....
Rs.....	on.....	Rs.....	on.....

It is further submitted that..... The employer of the saidemployee, has agreed to pay, and the said employee has agreed to accept the sum of Rs..... in full, settlement of all andevery claim under the Employees Compensation Code. In respect of the disablement stated above and all disablement now manifest. It is therefore requested that this memorandum be duly recorded.

Signature of employer

Date.....

Witness.....

Signature of employee.....

Witness.....
.....

Note.-An application to register an agreement can be presented under the signature of one party provided that the other party has agreed to the terms. But both signatures should be appended, whenever possible.

Receipt (to be filled in when the money has actually been paid).

In accordance with above agreement, I have this day received the sum of Rs.....

Date

Signature or thumb-impression of the employee ,

The money has been paid and this receipt signed in my presence.

Witness.....

Note.- This form may be varied to suit special cases, e.g., injury by occupational disease, agreement when workman is under legal disability, etc.

FORM XC
(See rule 23 (1))

Memorandum of Agreement

It is hereby submitted that on the day of20 , personal injury was caused to residing at by accident arising out of and in the course of employment in The said injury has resulted in temporary disablement of the workman, who is at present in receipt ofwages amounting to Rs... per month/on wages. The said employee's monthly wages prior to the accident are estimated at Rs The employee is subject to a legal disability by reason of

It is further submitted that the employer of the employee has agreed to accept half-monthly payments at the rate of Rs for the period of the said temporary disablement. This agreement is subject to the conditions that the amount of half-monthly payment may be varied in accordance with the provisions of the Employees Compensation Code on account of an alteration in the earning of the said employee during disablement. It is further stipulated that all rights of commutation under Section 89 of the said Code are unaffected by this agreement. It is therefore requested that this memorandum be duly recorded.

Date.....20

Signature of employer.....

Witness.....

employee.....

Signature of

Note.-An application to register an agreement can be presented under the signature of one party provided that the other party has agreed to terms.

Receipt (to be filled in when the money as actually been paid)

In accordance with the above agreement. I have
this day received the sum of Rs

Signature or thumb-impression

Date20

of the employee.

The money has been paid and the receipt signed in my presence.

Witness.....

Note.- This form may be varied to suit special cases, e.g. injury by occupational disease, etc.

FORM XD
(See rule 23 (2))

Register of Memorandum

S.No.	Date of agreement	Date of registration	Employer	Workman	Initial of comm.-	Reference to orders rectifying the <u>register</u>
1	2	3	4	5	6	7

FORM XIA
(See rule 25 (1) (i))
Application for Compensation by Workman

To

The Commissioner for Workmen's Compensation.

.....
.....

..... Residing
..... at.....

.....

.....applicant

Versus

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

Residing at
.....

.....

.....Opposite Party.

It is hereby submitted that-

(1) The Applicant, a workman employed by the opposite party on theday of19.....received personal injury by accident arising out of and in the course of his employment.

The cause of the injury was (here insert briefly in ordinary language the cause of the injury).....

- (2) The applicant sustained the following injuries,
namely.....
- (3) The monthly wages of the applicant amounted to
Rs..... the applicant is over/under the age of

15
years.....
- (4) *(a) Notice of the accident was served on the
.....day of
- (b) Notice was served as soon as practicable.
(c) Notice of the accident was not served (in
due time by reason of
- (5) The applicant is accordingly entitled to receive:---
- (a) half monthly payment of Rs. from the
.....day of.....19.....to
.....
- (b) a lump sum payment of Rs.....
- (6) The applicant has taken the following steps to
secure a settlement by agreement, namely.....

But it was proved impossible to settle the

questions in dispute because.....

*You are therefore requested to determine the following questions in dispute
namely:-

- (a) Whether the applicant is a workman within the meaning of the Act.
(b) Whether accident arose out of and in the
course of the applicant's employment.
(c) Whether the amount of compensation claimed is due, or any part of that
amount.
(d) Whether the opposite party is liable to pay such compensation as is
due.
(e) etc, (as required)

Date.....

Applicant.

FORM XIB

(See rule 25 (1) (i))

Application for Order to Deposit Compensation

To

The Commissioner for Workmen's Compensation.

.....
.....

.....

..... Residing at

.....applicant

Versus

.....

..... Residing at

.....Opposite

Party.

It is hereby submitted that-

Ia workman employed by (a contractor
with the opposite party) on theday of
.....arising out of and in the course of his
employment resulting in his death on
the
.....date of 19.

The cause of the injury was (here insert briefly in ordinary language the cause of the
injury).....

2. The applicant(s) is/are dependant(s) of the
deceased workman being his

3. The monthly wages of the deceased amount
Rs.....the deceases was over/under the
age of 15 years at the time of his death.

4.(a) Notice of the accident was served on the
.....day of.....19

(b) Notice was served as soon as practicable.

(c) Notice of the accident was not served (in due time) by reason of
.....

5 . The deceased before his death received as compensation the total sum of
Rs.....

6 . The applicant(s) is/are accordingly entitled to
receive a lumpsum payment of Rs.....

7 . The applicant(s) has/have requested the opposite party to deposit compensation
and the latter has refused/omitted to do so.

*You are therefore requested to determine the following questions in dispute namely:-

(a) Whether the deceased was a workman within the meaning of the Act.

(b) Whether the accident arose out of and in the
course of the deceased's employment.

(c) Whether the amount of compensation claimed is due, or any part of the
amount.

(d) Whether the opposite party is liable to pay such compensation as is
due.

(e) Whether the applicant's (s) is/are dependant(s)
of the deceased.

(f) How the compensation, when deposited should be distributed.

(g) Etc.....(as required).

Date.....19

Applicant

FORM XIA
(See rule 25 (20) (i))
NOTICE

Whereas a claim for compensation has been made by _____ applicant against _____ And the said _____ has claimed that you are liable under Section 12 (2) of the workmen's Compensation Act, 1923, to indemnify him against any compensation which he may be liable to pay in respect of the aforesaid claim, you are hereby informed that you may appear before me on _____ and contest the claim for compensation made by the said applicant or the claim for indemnity made by the opposite party. In default of your appearance, you will be deemed to admit the validity of any award made against the opposite party and your liability to indemnify the opposite party for any compensation recovered from him.

Dated ___19___.

Commissioner

FORM XIIB

(See rule 25 (20) (iii)(iv))

Notice

Whereas a claim for compensation has been made by _____ applicant,
against _____

_____ and the said _____ has claimed that _____ is liable under Section 12 (2) of the workmen's Compensation Act, 1923, to indemnify him against any claim and where as the said _____ on notice served has claimed that you _____ stand to him in the relation of a contractor from whom the applicant _____ could have recovered compensation you are hereby informed that you may appear before me on _____ and contest the claim for compensation made by the said applicant or the claim for indemnity made by the opposite party _____. In default of your appearance you will be deemed to admit the validity of any award made against the opposite party _____ your liability to indemnify the opposite party _____ for any compensation recovered from him. Dated _____ 19 _____.

Commissioner

FORM-XIII

(See rule 28(5))

Annual Report

Building and Other Construction Workers Welfare Board, Karnataka/

Karnataka Unorganized Workers Social Security Board

Annual Report for the year.....

I. Board:

1. Full registered address:
2. Date of constitution:
3. Name of Chairperson:
4. Member of the Board:
5. Regional offices with address (if any):
6. No. of staff of the Board with grade-wise (including regional offices):

II. Membership:

- (i) No. of beneficiaries registered with the Board:
- (ii) No. of registered employers:
- (iii) No. of beneficiaries registered during the audit period:

III. Meetings:

State the number of meetings held with dates during the year and names of the members remaining absent:

IV. Audit:

- (i) Date of the last audit:
- (ii) Have any irregularities been mentioned in the previous audit?
If so, state the position regarding compliance thereof.

V. Internal audit:

- (a) Is there a formal internal audit system in operation?
- (b) Any special areas which are taken up by the internal auditor? If yes, list them
- (c) Who had done the internal audit?
Whether the internal auditor
Is from the panel of auditors?
- (d) State whether there is proper co-ordination
between the Government auditor
and the internal auditor;
- (e) Whether recommendations made by the
internal auditor have been complied with
by the Board, if no, specify them:

VI. Bank balance and securities:

- (a) Do the bank balance shown in bank
Statements/pass book tally with the bank book?
If not, whether any reconciliation statement is prepared? Attach statement.
- (a) Whether confirmation of balance are obtained
From all the banks?

(e) Securities:

- (a) Verify securities physically and see whether
They are in the name of the Board:
- (b) Are dividends and /or interests being duly
Collected and whether provision of accrued

- Interest is as calculated correctly?
- (b) If securities are lodged with the bank, are relevant certificate obtained?
 - (c) If investment register kept and written upto date?
 - (d) Whether the aggregate amount as per the register tallies with the ledger? If not what is the quantum of difference?
 - (e) Amount not received upon maturity:
- VII. Moveable and immovable property**
- (a) Are relevant registers maintained upto date?
 - (b) Verify properly physically and obtain list.
Do the balance tally with balance sheet features?
 - (c) In case of immovable properties including land, Verify title deeds and see whether they are min the Name of the Board
 - (d) Is the property duty insured whether necessary?
If so, give details.
 - (e) **Depreciation:**
 - (i) Is due depreciation charges?
 - (ii) State the rates of depreciation charged on various assets.
- VIII. Receipts during the year under report:**
- (1) Amount of grants/loans received from the Central Govt.
 - (2) Amount of contribution received from the beneficiaries
 - (3) Amount of cess received
 - (4) Amount of registration fees received from the beneficiaries
 - (5) Any other source
- IX. Expenditure during the year under report:**
- (1) Financial assistance provided to the beneficiaries
Give the details scheme-wise
 - (2) Administrative expenditure including salary
 - (3) Expenditure on other heads specify the heads
- X. Activities:
- (1) State the various activities of the Board:
 - (2) Proposals for the future scheme:
- XI. General:**
- 1. Litigations:**
 - (a) No. of court cases against Board:
 - (b) No. of course cases filed by the Board:
 - 2. Inspections:**
 - (a) Whether any inspection has been carried
Out by the any Central/State Govt. authority
 - (b) Orders/directions issued, if any
 - 3. Proposals:**
 4. Pending proposals, if any, with the Government.

FORM-XIV

[See rule 30(1)]

REGISTER OF WOMEN EMPLOYEES

Name of establishment

1. Serial Number.
2. Name of woman and her father's (or, if married, husband's) name.
3. Date of appointment.
4. Nature of work.
6. Dates with month and year in which she is employed, laid off and not employed.

Month	No. of days employed	No. of days <i>laid off</i>	No. of days not employed	Remark
A	B	C	d	e

6. Date on which the woman gives notice under section 62.
7. Date of discharge / dismissal, if any.
8. Date of production of proof of pregnancy under section 62.
9. Date of birth of child.
10. Date of production of proof of delivery/miscarriage Medical Termination of pregnancy / tubectomy operation /death /adoption of child.
11. Date of production of proof of illness referred to in section 66.
12. Date with the amount of maternity benefit paid in advance of expected delivery.
13. Date with the amount of subsequent payment of maternity benefit.
14. Date with the amount of bon us, if paid, under section 64.
15. Date with the amount of wages paid on account of leave under section 66(1) & 6b (3).
16. Date with the amount of wages paid on account of leave under Section 66(2) and period of leave granted.
17. Name of the person nominated by the woman under section 62.
18. If the woman dies, the date of her death, the name of the person to whom maternity benefits and/or other amount was paid, the amount thereof, and the date of payment.
19. If the woman dies and the child survives, the name of the person to whom the amount of maternity benefit was paid on behalf of the child and the period for which it was paid.
20. Signature of the employer of the establishment authenticating the entries in the register of women employees.
21. Remarks column for the use of the Inspector-cum-Facilitator

FORM XV

[See rule 32(1) and (2)]

Unified Annual Return

A. General Part:

(a) Name of the establishment:

(a)Name of the establishment:

Address of the establishment:

House No./F1at No..... Street No./Plot

.....No.....

Town..... District.....State.....Pin

code.....

(b) Name of the employer:

Address of the employer:

House No./F1at No.....Street No./Plot

No.....

Town.....District.....State Pin

code.....

E-mail ID.....Telephone Number.....Mobile

number.....

(C). Name of the manager or person responsible for supervision and control of establishment

Address:

House No./F1at No.....Street No./Plot

No.....

Town.....District.....State Pin

code.....

E-mail ID.....Telephone Number.....Mobile

number.....

B. Employer's Registration/Licence number under the Codes mentioned in column

(2) of the table below:

SL	Name	registration	If yEs (Registration No.)
(1)	(2)	(3)	(4)
01	The Code on Occupational Safety Health and working condition code 2020.		
02	The Code on Social Security 2020		
03	Any other Law for the time being in force.		

C. Details of Employer, Contractor and Contract Labour:

01	Name of the employer in the case of a contractor's establishment.	
02	Date of commencement of the establishment	
03	Number of Contractors engaged in the establishment during the ear.	
04	Total Number of days during the year on which Contract Labour was employed	
05	Total number of man-days worked by Contract Labour during the year.	
06	Name of the Manager or Agent (in case of mines)	
07	Address House No.[Flat No.....Street/Plot No. Town..... District.....State.....Pin Code..... E-mail ID Telephone Number..... Number	

D. Working hours and weekly rest day:

01	Number of da s worked during the ear;	
02	Number of man-days worked during the Year	
03	Daily hours of work.	
04	Weekly day of rest.	

E. Maximum number of persons employed in any day during the year

Sr No	Males	Females	Adolescent ts (between the age of 14 to 18 years.)	Children (below 14 years of age)	Total

F. Wage rates (Category Wise):

Category	Rate of wages	No of Workers							
		Regular				Contract			
Hi hi Skilled		Male	Female	Children	Adolescent	Male	Female	Children	Adolescent
Skilled									
Semiskilled									
Unskilled									

G.(a) Details of Payments:

Gross wages paid		Deductions			Net wages paid	
In cash	In kind	Fines	Deductions For damages or loss	Others	In cash	In kind

(b) Number of workers who were granted leave with wages during the year:

Sr. No.	During the year	Number of workers	Granted leave with Wages

H. Details of various welfare amenities provided under the statutory schemes;

Sr. No.	Nature of various welfare amenities provided	Statutory (Specify the Statute)

FORM- XVI
PART – I

[See rule 34(3)]

Application under sub-section (4) of section 138 for compounding of offence

Ref: Notice No.....

Date:

The undersigned has deposited the entire amount as specified in Column 6 of Part-I and the details of payment are given below with a request to compound the offences mentioned in Part-I.

- 1 . Details of the compounding amount deposited (Copy of electronically generated receipt to be attached):
- 2 . Details of the prosecution, if filed for the violation of above-mentioned offences may be given:
- 3 . Whether the offence is first offence or the applicant had committed any other offence prior to this offence, if committed, then, full details of the offence:
- 4 . Any other information which the applicant desires to provide:

**Signature of the applicant (Name
and Designation**

Dated:

Place:

PART – II
Composition Certificate

Ref: Notice No.....

Date:

This is to certify that the offence under sub-section of section 133 of the Code in respect of which Notice No. Dated: ____ was issued to Shri..... (Applicant), the employer of..... (name and Registration Number of establishment) has been compounded on account of remission of full amount of Rs..... (Rupees_) towards the composition of offences to the satisfaction of the said Notice.

(Signature)

Name and Designation of the Officer

Date:

Place:

By order and in the name of the
Governor of Karnataka,

(S. Ejas Pasha)

Under Secretary to Government
Labour Department.