

**FORM-I****(See rule-3)****Application for Registration for existing establishments/New establishment/Amendment to certificate of Registration****A. Establishment Details.**

1. Retrieve details of Establishment through LIN:
2. Name of Establishment:
3. Location and Address of the Establishment:
- 3a. PAN:
4. Others details of Establishment:
  - a. Total Number of employees engaged directly in the establishment:
  - b. Total Number of the contract employees engaged:
  - c. Total Number of Inter-State Migrant workers employed:

**5 (a) For factories:**

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

**5 (b) For mines:**

Name of Mineral(s)	Lease extent of the mine (in Acres)	Name and address of the owner	Average Monthly output, targeted (Tonne)	Maximum number of persons to be employed on any day
1	2	3	4	5

**5 (c) For Dock work:**

Name of dock Work/Major Port	Types of Dock Works	Name of the Cargo handled and stored along with quantity	Name of the chemicals handled and stored along with quantity	Name of the hazardous Chemicals handled and stored along with quantity
1	2	3	4	5

**5 (d) 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

6. Ownership Type/Sector:

7. Activity as per National Industrial Classification:

8. Details of Selected NIC Code:

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

**B. Details of Employer:-**

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

**C. Manager/ Agent Details**

1. Full name & Address of Manager/ Agent or person responsible for supervision and control of the Establishment
2. Address of Manager/ Agent:
3. Email Address, Telephone& Mobile No. :

**D. Contractor Details**

Name and Address Contractor	Email address & Mobile of Contractor	Name of Work	Maximum No. of Contract labour engaged	Date of Commencement / Probable date of Completion of work
1	2	3	4	5

**E. Others Details:-**

Dated:-  
Place:-

Signature/ E-sign/digital sign of employer

**FORM-II**  
**(See rule-3(1))**

**Certificate of Registration of Establishment**

Registration No.

Date

A Certificate of registration containing the following particulars is hereby granted under sub section (2) of section 3 of the Occupational Safety, Health and Working Conditions Code, 2020(...37.of 2020) to..... (Name of the establishment)

1. Nature of work carried on in the establishment (Please tick mark) 2.

- |   |  |
|---|--|
| (a) Factory                               | (b) Mining                             |
| (c) Dock work                             | (d) Contract Work                      |
| (e) Building and Other Construction Works | (f) any other work (not covered above) |

2. Details of the establishment:

- a. Total Number of employees engaged directly in the establishment:
- b. Total Number of the employees engaged through contractor .....
- c. Total Number of Contractors and their details:
- c. Number of inter-state migrant workers engaged:

**3 (a) For factories**

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

**3 (b) For mines**

Name of Mineral(s)	Lease extent of the mine (in Acres)	Name and address of the owner	Average Monthly output, targeted (Tonne)	Maximum number of persons to be employed on any day
1	2	3	4	5

**3 (c) For Dock work**

Name of Dock Work / Major Port	Types of Dock Works	Name of the Cargo handled and stored along with quantity	Name of the chemicals handled and stored along with quantity	Name of the hazardous Chemicals handled and stored along with quantity
1	2	3	4	5

**3 (d) 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

## 4. Remarks of registering officers

Place:

Date:

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

### Conditions of Registration

- (1) Every certificate of registration issued under rule 4 shall be subject to the following conditions, namely:
  - (a) the certificate of registration shall be non-transferable;
  - (b) The number of workers employees employed in an establishment directly and contract employees shall not, on any day, exceed the maximum number specified in the certificate of registration; and
  - (c) Save as provided in these rules, the fees paid for the grant of registration certificate shall be non-refundable.
- (2) The employer shall intimate the change, if any, in the number of workers employees or the conditions of work to the registering officer within 30 days.
- (3) The employer shall, within thirty days of the commencement and completion of any work, intimate to the Inspector-cum-Facilitator, having jurisdiction in the area where the proposed establishment or as the case may be work is to be executed, intimating the actual date of the commencement or, as the case may be, completion of establishment such work in Form IV annexed to these rules electronically.
- (4) A copy of the certificate of registration shall be displayed at the conspicuous places at the premises where the work is being carried on.

**FORM-III**  
**(See rule-3(8))**  
**Register of Establishment**

Sl.No.	Nature of work	Registration No. and Date	Name and Address, location of the establishment registered	Name, Address and Contact Details of Employer	Total number of Workers and Total Horsepower ( if any)	Total number of Contract Workers	Remarks
1	2	2	3	4	5	6	
	(a) Factories (b) Mines (c) Dock Work (d) Building and other Construction work (e) Contract work (f) Interstate Migrant Work (g) Any other work(not covered above)						

**FORM-IV**

**(See rule-3(9) and rule- 5)**

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

1. Registration No:
2. Name and Address of Establishment:-
3. Name and Designation of employer/ Port authority (who has ultimate control over the affairs of the establishment :-
4. Full address to which communication relating to the establishment to be sent :-
5. Nature of work of the establishment :-
6. In case of the notice is for commencement of work the approximate duration of work:-
7. in case of completion of work/cessation of establishment, the date of completion /cessation:

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

**In case of cessation of work:**

I/we hereby certify that the payment of all dues to the workers employed in the establishment has been made and the premises are kept free from storage of hazardous chemicals and substances.

Signature of the Employer

To,

The Inspector-cum-Facilitator

**FORM-V**  
**(rule-6)**  
HEALTH EXAMINATION  
(Except mine employees)

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

1. Name of employee.....2. Sex..... 3. Age (with DOB).....

4. Company..... 5.Designation.....5a. UAN:.....

6. In-charge Employer / Executive Contacts.....

7. Complete personal /plant Address .....

8. Mobile /Phone ..... 9.Email.....

10. Medical illness (Current) and under treatment & medication, If any.....

-----

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

.....

Date:

Signature of Employee

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**PART-B:**

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

- a. Ht. Wt. Chest, Waist Circumference, Body Mass Index: .....
- b. Vision (Ophthalmologist tests):
  - i. Visual Acuity both Right & left eyes .....
  - ii. Colour Vision.....
- c. Blood Pressure .....
- d. Complete Blood Count: .....
- e. Blood Sugar (Fasting/PPBS/HbAC1).....
- f. SpO<sub>2</sub>.....
- g. Blood Urea Nitrogen (BUN).....
- h. SGOT/SGPT.....
- i. Lipid profile.....
- j. ESR.....
- k. Thyroid profile.....
- l. X-ray Chest etc.....
- m. ECG.....
- n. Others if any.....

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

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

Date:

Signature of the qualified medical practitioner

SEAL

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

**FORM VA**  
**(For mine employees only)**

[See rule 102(1) (2) and (3) & rule 131]

**Report of medical examination under rule 102 (3)**  
**(To be issued in triplicate)**

Certificate No.....

Certified that Shri/Shrimati/Miss..... employed as ..... in .....mine, Serial number..... of **Form**\_\_\_\_\_ Register (in case of PME) has been examined for an Initial/Periodical Medical Examination. He/she appears to be..... years of age. The findings of the examining authority are given in the attached sheet. It is considered that Shri/Shrimati/Miss.....

- (a) is medically fit for any employment in mines.
- (b) is suffering from..... and is medically unfit for
- (i) any employment in mine; or
  - (ii) any employment below ground; or
  - (iii) any employment or work.....

(c) He/She is suffering from..... is should get this disease/disability cured/controlled and should be again examined within a period of .....months. He/She will appear for re-examination with the result of test of..... and the opinion of .....Specialist from..... He/She may be permitted/not permitted to carry on his duties during this period.

**Space for affixing Passport  
Size Photograph of the  
Candidate.**

Place :                      Signature & name of the examining authority      With date and seal

**Report of the examining authority**

(to be filled in for every medical examination whether initial or periodical or re-examination or after cure/control of disability).

Annexure to Certificate No.....as result of medical examination on .....

Identification Mark.....

Left thumb impression and Signature of The candidate

1. General development- Good/Fair/Poor

2. Height.....Cms.

3. Weight.....kg.

4. Eyes :

(i) Visual acuity-Distant vision (with or without glasses): Right eye.....Left eye.....

(ii) any organic disease of eyes

(iv) night blindness

(iv) Color blindness (to be tested in IME )

(v) Squint

5. Ears :

(i) Hearing: right ear.....Left ear .....

(ii) Any organic diseases.

(iii) Audiometry Findings :

Conduction Type	Left Ear	Right Ear
Ear Conduction	Normal/Abnormal	Normal/Abnormal
Bone Conduction	Normal/Abnormal	Normal/Abnormal

Enclosed Audiometry Report.

6. Respiratory system.

Auscultatory Finding:

Chest measurement :

- (i) after full inspiration .....cms.  
(ii) after full expiration.....cms.

Result of Lung Function Test (Spirometry)

Parameters	Predicted Value	Performed Value	% of Predicted
Forced Vital Capacity (FEV)			
Forced Vital Capacity 1 FEV1			
FEV1/FVC			
Peak Expiratory Flow			

Enclose Spirometry Report

7. Circulatory system:

- Blood Pressure  
Pulse

Cardiological Assessment

Auscultation	S1	
	S2	
	Additional Sound	
Electrocardiograph (12 leads) findings :		Normal/Abnormal
Echocardiography finding (to be tested in IME)		Normal/Abnormal

Enclose ECG

Enclose Echocardiography report

8. Abdomen :

- Tenderness.  
Liver.

Spleen.

Tumour.

Ultrasonography of Whole Abdomen (to be tested in IME )  
(Enclose Ultrasonography report)

9. Nervous system:

History of fits or epilepsy

Paralysis.

Mental health.

Neurological Assessment

Findings	Normal/Abnormal
Superficial Reflexes	
Deep Reflexes	
Peripheral Circulation	
Vibrational Syndromes	

Special Tests for Manganese exposure

Behavioral Disturbances		Present/Not Present
	Speech Defect	Present/Not Present
Neurological Disturbances	Tremor	Present/Not Present
	Adiadocokinesia	Present/Not Present
	Emotional Changes	Present/Not Present

10. Locomotory system

11. Skin.

12. Hydrocele.

13. Hernia.

14. Teeth

15. Speech

16. Pathological Investigations:

S.No.	Tests	Findings
1	Blood-Tc,Dc,Hb,ESR, Platelets	WNL/Abnormal

2	Blood Sugar- Fasting & PP	WNL/Abnormal
3	HbA1c(to be tested in IME and for diabetic person during PME )	WNL/Abnormal
4	Lipid profile	WNL/Abnormal
5	Blood Urea, Creatinine	WNL/Abnormal
6	Urine (Reaction, Albumin, Sugar)	WNL/Abnormal
7	Stool Routine	WNL/Abnormal
8	Sputum test for AFB(For Food handling employee)	
9.	Hemoglobin Electrophoresis for sickle cell disease /trait (to be tested in IME )	WNL/Abnormal
10.	Bilirubin	WNL/Abnormal
11.	SGOT	WNL/Abnormal
12.	SGPT	WNL/Abnormal
13.	delta aminolevulinic acid in urine ( for person exposed to Lead)	WNL/Abnormal

Enclose all Investigation Reports.

17. Skiagram of chest.

ILO Classification of Chest Radiograph :

Profusion of Pneumoconiotic opacities	Grades	Types
Present/Absent		

Enclose Chest Radiograph

18.Any other abnormality.

19. Any other test considered necessary by the examining authority.

20. Any opinion of specialist considered necessary.

Place:

Signature & name of the examining authority  
With date and seal

**Medical Standard of Fitness for Persons to be employed in Mines (Initial Medical Examination).**

1. The person should be in good physical and mental health and free from any physical defect, likely to interfere with efficient employment in mines.
2. Speech must be without serious impediment.
3. Teeth are in good order and if he/she is provided with dentures, where necessary, for effective mastication (well filled teeth will be considered as sound). Gums should be in healthy condition.
4. Skin: - There should be no evidence of extensive and chronic skin disease or ulceration. In case of infective type of skin disease, the candidate could be made fit after he has undergone a treatment.
5. Hearing in each ear should be good and that there is no sign of disease in the ear. Audiometric examination should be normal & free from deafness in each ear.
6. Distant vision of eye with or without glass should not be less than following standard :
  - a) For underground workers

Better eye	6/6
Worse eye	6/9
  - b) For surface/opencast workers

Better eye	6/9
Worse eye	6/12
  - c) Intra-ocular lens implant: In the case of a person who has undergone intraocular lens implant, if the visual activity with intra-ocular lens is according to the standards laid down, the person concerned may be considered fit

- d) Fundus examination: In myopia -2Diopter or more, Fundus examination should be carried out and the results recorded. In the event of pathological condition being present, which is likely to be progressive and affect the efficiency of the candidate, he shall be declared unfit.
  - e) Color vision: - The testing of color vision is compulsory and the results should be normal. The Ishihara's Plates shall be used for testing color vision.
  - f) There should be no night blindness for persons employed below ground and for persons employed in open cast working in shifts other than in morning's shifts.
  - g) Any organic disease or a progressive refractive error which is likely to result in lowering the visual acuity should be considered a disqualification.
  - h) Squint:-Presence of binocular vision is essential, squint even if the visual acuity is of prescribed standard, should be considered a disqualification.
  - i) One eyed person - Presence of binocular vision is essential, one functional eye should be considered a disqualification.
  - j) There shall be no Nystagmus.
7. Respiratory system: Chest must be well formed .Respiratory system should be sound and free from any chronic laryngeal, bronchial pulmonary disease. Tuberculosis of lungs if not active should not be a disqualification.
- a) A full sized postero-anterior chest radiograph (not less than 11 inch. X 14 inch.) enough to include thoracic inlet and both costophrenic angles obtained by an X-ray machine (analog /digital) of atleast 300 Milli-Ampere strength shall be classified as per ILO international Classification of Radiographs of Pneumoconiosis by Medical Officer trained in such ILO classification. X-ray shall be classified using LED view box accommodating at least four chest radiographs of 14 inch. X 17inch size.
  - b) Lung function tests (spirometry) to record forced vital capacity (FVC) and forced expiratory volume in one second (FEV1) shall be made. Findings of spirometry shall be within normal limit.

8. Circulatory system: - There should be no evidence of cardiac or vascular disease which may interfere with his efficient employment in a mine. The Blood pressure shall not be more than 130/80 mm Hg. Detailed cardiovascular assessment of employees should be done. This should include 12 leads electrocardiogram, echocardiography and complete lipid profile.
9. Locomotor System: The limbs, hands, fingers, feet and toes should be well formed and developed & without any deformity, and function of all limbs should be within normal limits.
10. There should not be any evidence of disease of abdominal organs which is likely to affect his efficient discharge of duty in a mine. Ultrasonography (whole abdomen) report shall be normal.
11. In case the candidate has hernia, he may be declared fit after he has been successfully operated for the same.
12. Hydrocele if present should not be large enough to impede the normal activities of the person. If it is large enough he may be declared fit after being successfully operated.
13. The nervous system should be sound. Persons with history of epilepsy or any other type of organic or historical fits should not be declared fit for employment in a mine. Detailed neurological examinations including testing of all major superficial and deep reflexes shall be done.
14. Fasting, Post- prandial Blood sugar and Glycoslated Hb level (HbA1c) shall be tested .GlycoslatedHb level (HbA1c) by a medical specialist as Diabetes Mellitus is known to damage of target organs. GlycoslatedHb level (HbA1c) shall not be more than 6.0. Only such cases of well controlled Diabetes Mellitus with no associated complications may be considered for appointment.
15. Serum Urea and Creatinine shall be within normal limit.
16. Bilirubin, SGOT and SGPT shall be within normal limit.
17. Routine Stool shall be within normal limit.

18. The medical examination should include examination of urine. Mere presence of albumin and sugar in the urine without any gross organic disease producing signs and symptoms should not be a disability.

19. There should not be sickle cell disease /trait. Hemoglobin Electrophoresis test shall be done.

### **Medical Standard of Fitness for Persons Employed (Periodical Medical Examination)**

1. The person should be in good mental and bodily health and free from any physical defect likely to interfere with his efficient employment in a mine.
2. Speech must be without serious impediment.
3. Teeth are in good order and if he/she is provided with dentures, where necessary, for effective mastication (well filled teeth will be considered as sound). Gums should be in healthy condition.
4. Locomotor System: The limbs should be well formed and developed, and the function of all the limbs should be within normal limits. Any deformity should be recorded. There should be no deformity or paralysis which may interfere with his efficient employment in a mine.
5. Skin: - There should be no evidence of extensive and chronic skin disease or ulceration. In case of infective type of skin disease, the candidate could be made fit after he has undergone a treatment. All occupational skin diseases should be noted.
6. Eye :
  - (a) Vision with or without glass should not be less than the following standard:

i. Better eye	6/9
ii. Worse eye	6/12
  - (b) There should be no night blindness for persons employed below ground and for persons employed in open cast working in shifts other than in morning's shifts.

- (c) A person having only one eye which functions normally should not be employed below ground, For employment on surface the vision of such a person in the other eye should be 6/9 with or without glasses.
7. Hearing should be good, any progressive disease affecting hearing/or occupational deafness should be recorded. Audiometric examination shall be conducted in every case.
8. Respiratory System: Respiratory system should be sound and free from any chronic laryngeal, bronchial pulmonary disease. Tuberculosis of lungs if not active should not be a disqualification.
- a) A full sized postero-anterior chest radiograph (not less than 14 inch. X11 inch.) enough to include thoracic inlet and both costophrenic angles obtained by an X-ray machine (analog /digital) of at least 300 mA Milli-Ampere strength shall be classified as per ILO international Classification of Radiographs of Pneumoconiosis by Radiologist / Medical Officer trained in such ILO classification.
- b) Lung function tests (spirometry) to record forced vital capacity (FVC) and forced expiratory volume in one second (FEV1) shall be made. Findings of spirometry shall be within normal limit.
9. Circulatory system – There should be no evidence of any heart or vascular disease which may interfere with his efficient employment in a mine. Detailed cardiovascular assessment of employees should be done. This should include 12 leads electrocardiogram and complete lipid profile. The Blood pressure shall not be more than 140/90 mm Hg.
10. There should not be any evidence of disease of abdominal organs which is likely to affect his efficient discharge of duty in a mine.
11. The nervous system should be sound. Persons with history of epilepsy or any other type of organic or historical fits should not be declared fit detailed neurological examinations including testing of all major superficial and deep reflexes shall be done.
12. Persons exposed to manganese, In addition to the basic neurological examination, special emphasis should be given to behavioral and neurological disturbances such as speech defect, tremor, impairment of equilibrium, adiadochokinesia and emotional changes.
13. Persons exposed to lead; PME should include delta aminolevulinic acid in urine.

14. Persons engaged in food handling and preparation and handling of stemming material activities should undergo routine sputum for Acid Fast Bacilli (AFB).
15. Fasting & Post- prandial Blood sugar shall be tested. Diabetes shall be under controlled. Target organ shall not be affected by diabetes.
16. Serum Urea and Creatinine shall be within normal limit.
17. Bilirubin, SGOT and SGPT shall be within normal limit.
18. Routine Stool shall be within normal limit.
19. In case the candidate has hernia he may be declared fit after he has been successfully operated for the same.
20. Hydrocele if present should not be large enough to impede the normal activities off the candidate. In such cases he may be declared fit after being successfully operated.

The medical examination should include examination of urine and of other system for evidence of disease. Mere presence of albumin and sugar in the urine without any gross organic disease producing signs and symptoms should not be considered as a disability.

**FORM-VI**  
**(See rule-8)**  
**NOTICE OF ACCIDENT OR DANGEROUS OCCURRENCE**

E.S.I.C. Employer's Code number:

E.S.I.C. Insurance

Number of the injured person :

1. Name of employer :

2. Address of  
works / premises  
where the  
accident or  
dangerous

Occurrence took place :

3. Nature  
of industry  
and LIN of  
the  
establishment:

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

5. Name and address of the injured person:

6. (a) Sex :

- (b) Age (at the last birthday) :
- (c) Occupation of the injured person :
7. Local E.S.I.C. Office to which the injured person is attached :
8. Date, shift and hour of accident or dangerous occurrence :
9. (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 :
10. (a) Cause or nature of accident or dangerous occurrence :
- (b) If caused by machinery-
- (i) Give the name of machine and the part causing the

accident or  
dangerous  
occurrence :

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

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

(d) 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?

(e) In case reply to (d)  
(i), (ii) or (iii) is in the  
affirmative, state  
whether the act was  
done for the purpose  
of and in connection  
with the employer's  
trade or business.

:

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

(a) the  
injured  
person  
was  
travelling

g as a  
passeng  
er to or  
from his  
place of  
of works; :

(b)the injured person  
was travelling  
with the express  
or implied  
permission of his  
employer; :

(c)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 :

(d)the vehicle is  
being/not  
being  
operated in  
the ordinary  
course

of public transport service :

12. In case the  
accident or  
dangerous  
occurrence took place  
while meeting  
emergency, state-

(a) its nature; and

(b) whether the injured  
person at the time of  
accident or dangerous  
occurrence was  
Employed for the  
purpose of his  
employer's trade or  
business in or about  
the premises at which  
the accident or  
dangerous occurrence  
took place. :

13. Describe briefly how the accident or  
dangerous occurrence took place :

14. Names and addresses of  
witnesses : (1)  
(2)

15. (a) Nature and  
extent of  
injury(e.g. fatal,

- loss of finger,  
fracture of leg,  
scald, scratch  
followed by sepsis, etc.) :
- (b) Location of injury  
(e.g. right leg, left hand,  
left eye, etc.)
16. (a) If the accident or dangerous  
Occurrence was  
not fatal, state  
whether the  
injured person  
was disabled for  
more than 48  
hours :
- (b) date and hour of return of work :
17. (a) Physician, dispensary  
or hospital from whom or  
which the injured person  
received or is receiving treatment :
- (b) Name of dispensary/panel doctor  
elected by the injured person :
18. (a) Has the injured person died ? :
- (b) If so, date of death :

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

Signature and Name and Designation of owner/ employer /manager/agent

Date of  
dispatch of  
report :  
Place:

**FORM-VII**  
**[See rule-63]**  
**NOTICE OF PERIODS OF WORK**

Name of the Establishment.....Place.....District.....

Periods of work Groups, Relays	Men				Women								Description of Groups, Nature of work	Remarks						
	Total no. of men employed				Total no. of women employed															
	A	B	C	D	E	F	G	H												
	1	2	3	1	2	3	1	2	3	1	2	3			1	2	3	1	2	3

On working days

From ..

To ..

From ..

To ..

From ..

To ..

On partial

Working  
days From ..

To ..

From ..

To ..

Date on which this notice is first exhibited :

Signature of manager or agent :

Date :

**FORM-VIII**  
**[(See rule 64)]**  
**EMPLOYEE REGISTER**

(The register can also be maintained in electronically capturing, inter-alia the following details)

<b>Name of Establishment:</b>		
<b>Name of the Employer/owner:</b>		
<b>Labour Identification Number (LIN)/Registration Number of Establishment</b>		
<b>To be maintained for all employees of the establishments</b>		
1.	Employee Code	
2.	Name	
3.	Surname	
4.	Gender	
5.	Father's/Spouse's Name	
6.	Date of Birth	
7.	Place of Birth	
8.	Nationality	
9.	Education level	
10.	Date of Joining	
11.	Designation	
12.	Category (unskilled, semi-skilled, skilled or highly skilled)	
13.	Type of employees / worker	
14.	Mobile Number	
15.	Universal Account Number (UAN)	
16.	PAN	
17.	PPF No.	
18.	Nominee	

19.	EPS/NPS	
20.	Details of Family	
21.	Details of Posting	
22.	Scale of Pay	
23.	Promotion	
24.	ESIC Insurance No.	
25.	Aadhaar number	
26.	Bank A/c No.	
27.	Bank	
28.	Branch(IFSC)	
29.	Present address	
30.	Permanent address	
31.	Service Book No.	
32.	Date of Exit	
33.	Reason for Exit	
34.	Mark of Identification	
35.	Photo	
36.	Specimen Signature/Thumb Impression	
37.	Remarks	

**FORM-VIII (A)**

[(See rule 64)]

**ATTENDANCE REGISTER-CUM-MUSTER ROLL**

(The attendance register-cum-muster roll can also be maintained in electronically capturing, inter-alia the following details)

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

	place suitable entries may be made	
11.	Signature of Register keeper	

**FORM – VIII (B)***[(See Rule 64)]***REGISTER FOR WAGES, OVERTIME AND DEDUCTIONS****(The register can also be maintained in electronically capturing, inter-alia the following details)**

<b>Name of Establishment:</b>		
<b>Name of the Employer/owner:</b>		
<b>Labour Identification Number (LIN)/Registration Number of Establishment</b>		
<b>Wage Period from dd/mm/yyyy to dd/mm/yyyy (Monthly/Fortnightly/Weekly/Daily/Piece Rated)</b>		
1.	Serial Number	
2.	Employee Code Number	
3.	Name	
4.	Designation	
5.	<b>Rate of Wage</b>	
	a)Basic	
	b)DA	
	c)Other allowance	
	d)Total	

6.	No. of days worked	
7.	Overtime hours worked	
8.	Amount of Wages Earned	
	a)Basic	
	b)DA	
	c)Other allowance	
	d)Payment of overtime	
	e)Total wages earned	
9.	<b>Deductions</b>	
	a)EPF	
	b)ESIC	
	c)Society	
	d)Income Tax	
	e)Insurance	
	f)Others	
	g)Recovery of Fine	
	h)Recovery of Damaged/Losses	
	<b>Total Deductions</b>	
10.	Net Payment	
11.	Receipt by Employees/Bank Transaction ID	
12.	Date of Payment	
13.	Initials of Employer/Representative	
14.	Remarks	

**FORM – VIII (C)****Wage slip**

[(See rule 64)]

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

**FORM-IX**  
**(See Rule-66)**  
**ANNUAL RETURN**

**FOR THE YEAR .....ENDING 31<sup>st</sup> December.**

**Single Annual Integrated Return to be filed On-line under the Occupational Safety, Health and Working Conditions Code, 2020, the Code on Industrial Relations, 2020, the Code on Social Security, 2020, and the Code on Wages, 2019 and the rules made there under.**

**Instructions to fill up the Annual Return**

- (1) This return is to be filled-up and furnished on or before 1<sup>st</sup> February every year.
- (2) The return has two parts i.e. Part-I to be filled up by all establishments.
- (3) Part-II to be filled-up by the establishments who are a Mine only in addition to Part-I.
- (4) The terms Establishment and Mines shall have the same meaning as under the Occupational Safety, Health and Working Conditions Code, 2020.
- (5) This return is to be filled-up in case of Contractor or manpower supplier who have engaged more than 50 workers and in case of Mines even if there is one worker employed in the relevant period.

**Applicable to All Establishments - Part-I**

**A. General Information:**

Sl. No.	Instructions for filling the column		
1.	Labour Identification Number		EPFO, ESIC, MCA, MoLE (LIN)
2.	Period of the Return	From - To-	Period should be calendar year
3.	Name of the Establishment		
4.	Email ID (employer)		
5.	Telephone No. (employer)		
6.	Mobile number (employer)		
7.	Premise name		
8.	Sub-locality		
9.	District		
10.	State		
11.	Pin code		

12.	Geo Co-ordinates								
<b>B(a).</b>	<b>Hours of Work in a day</b>								
<b>B(b).</b>	<b>Number of Shifts</b> <b>Number of hours in a shift</b>								
<b>C. Details of Manpower Deployed</b>									
<b>Details</b>		<b>Directly employed</b>			<b>Employed through Contractor</b>				<b>Grand Total</b>
<b>Skill Category</b>		<b>Highly Skilled</b>	<b>Skilled</b>	<b>Semi-Skilled</b>	<b>Un-Skilled</b>	<b>Highly Skilled</b>	<b>Skilled</b>	<b>Semi-Skilled</b>	<b>Un-Skilled</b>
(i) Maximum No. of employees employed in the establishment in any day during the year		M/F/T	M/F/T	M/F/T	M/F/T	M/F/T	M/F/T	M/F/T	M/F/T
(ii) Average No. of employees employed in the establishment during the year		No. to be indicated	M/F/T	M/F/T	M/F/T	M/F/T	M/F/T	M/F/T	M/F/T
(iii) Maximum number of Migrant Worker during the year (Section 59 of OSH Code)		M/F/T	M/F/T	M/F/T	M/F/T	M/F/T	M/F/T	M/F/T	M/F/T
(iv) Number of fixed term employee engaged		M/F/T	M/F/T	M/F/T	M/F/T				
<b>D. Details of contractors engaged in the Establishment:</b>									
Sl. No.	Name with LIN of the Contractor				No. of Contract Labour Engaged				
<b>E. Details of various Health and Welfare Amenities provided.</b>									
Sl. No.	Nature of various welfare amenities provided			Statutory (specify the statute)		Instructions for filling			

1.	Whether facility of Canteen provided (as per section 24(v) of OSH Code, 2020)	Tick yes or no in the box and not applicable	Applicable to all establishments wherein hundred or more worker including contract labour were ordinarily employed
2.	Crèches(as per section 67of Code on Social Security Code, 2020 and Section 24 of the OSH Code 2020)	Tick yes or no in the box and not applicable	Applicable to all establishments where fifty or more workers are employed
2a	If 2 above is not given than whether Crèches allowance under Rule.. of Social Security Code given.	Tick yes or no in the box and not applicable	Reference rule.. on Social Security
3.	Ambulance Room(as per section 24(2)(i) of OSH Code, 2020)	Tick yes or no in the box and not applicable	Applicable to mine, building and other construction work wherein more than five hundred workers are ordinarily employed
4.	Safety Committee (as per Section 22(1) of OSH Code, 2020.	Tick yes or no in the box and not applicable	Applicable to establishments and factories employing 500 workers or more, factory carrying on hazardous process and BoCW employing 250workers or more, and mines employing 100 or more workers.
5.	Safety Officer(as per Section 22(2) of OSH Code, 2020)	No. of safety officers appointed	In case of mine 100 or more workers and in case of BoCW 250 or more workers are ordinarily employed.
6.	Qualified Medical Practitioner(as per Section 12 (2) of OSH Code 2020.	No. of Qualified Medical Practitioner appointed.	There is no specification for minimum number of Qualified Medical Practitioner employed in establishment. However, this detail is required to have data on occupational health.

<b>F. The Industrial Relations:</b>			<b>Instructions for filling</b>
1.	Is the Works Committee has been functioning.(Section 3 of IR Code, 2020)	Yes/No and not applicable	Industrial establishment in which 100 or more workers are employed
(a)	Date of its constitution.		
2.	Whether the Safety Redressal Committee constituted (Section 4 of IR Code, 2020)	Yes/No and not applicable	Industrial establishment employing 20 or more workers
3.	Number of registered Unions in the establishments.		

4.	Whether any negotiation union exist(Section14 of IR Code,2020)				Yes/No	
5.	Whether any negotiating council is constituted (Section 14 of IR Code, 2020)				Yes/No	
6.	Number of workers discharged/dismissed, retrenched or whose services were terminated during the year:					
		<b>Dismissed</b>	<b>Retrenched</b>	<b>Discharged /Terminated or Removed</b>	<b>Grand Total</b>	
<b>7.</b>	<b>Man-days lost during the year on account of</b>					
Sl. No.	Reasons		Period /Date	No. of man-days lost		
(a)	Strike					
(b)	Lockout					
<b>8.</b>	<b>Details of retrenchment / lay off</b>					
Sl. No.	No. of persons retrenched during the period	Details of payment paid to retrenched employees	No. of workers laid off during the period	No. of man-days lost due to lay-off	Applies on industrial establishment employing 300 or more workers	

**G. Details pertaining to maternity benefit:**

No. of female employees	No. of female employees availed maternity leave	No. of female employees paid medical bonus	No. of deduction of wages, if any made from female employees	

<b>H. Details of payment of bonus:</b>				
Sl. No.	No. of employees covered under the Bonus provision	Total amount of bonus actually paid	Date on which the Bonus paid	
<b>I. Details of accidents, dangerous occurrence and notifiable diseases:</b>				
Sl. No.	Total number of accidents by which a person injured is prevented from working for a period of 48 hours or more as per Section 10 of the OSH Code, 2020.	Total number of fatal accidents and names of the deceased as per Section 10 of the OSH Code, 2020.	Total number of Dangerous Occurrences as defined under Section 11 of the OSH Code, 2020	Total number of cases of Notifiable Diseases specified in Third Schedule of the OSH Code, 2020 along with the details of affected persons
<b>J. Mandays and Production Lost due to accidents / dangerous occurrence</b>				
Sl. No.	Accident/Dangerous Occurrence	Man days lost	Production Lost	

**FORM-IX**  
**(See rule-66)****Part II (For Mines)**

<b>A. General information</b>		
1.	Establishment Name	
2.	Name of Company/ Name of Owner	
3.	Type of organization (drop down)	PSU Central/ PSU State/ Private/
4.	Type of ownership (drop down)	Firm/Association/Individual/Partnership/Company
5.	Type of Mineral (drop down)	Coal/Metal/Oil
6.	Name of Mineral	
7.	Type of Mine (drop down)	Belowground/ Opencast/ Aboveground/Mixed/OffShore/OnShore
8.	Date of opening	To be filled for first time
9.	Mine Code	To be filled for first time
10.	Date of closing (if any)	NA/ Calendar to be given
11.	Date of reopening (if any)	NA/ Calendar to be given
12.	Depth of working in mts.	Maximum Depth: Minimum Depth:

**B. Statutory personnel employed in the mine (as on 31<sup>st</sup> December)**

Sl. No.	Designation as per Code	Number of Statutory Persons required	Number of Statutory Persons employed
1.			

**C. Method of Working vis-a-vis Safety Parameters**

1	Name of Method (Specify the name) (as per drop down menu)		
---	---	--	--

2	Quantity of mineral Produced in Cu.m./Tonne		
3	Quantity of Waste/overburden removed in Cu.m./Tonne		
4	Stage of Working (as per drop down menu)	Development/Extraction/Mixed	
5	Permissible Void in Cu.m.		For extraction stage
6	Actual Void in Cu.m.		For extraction stage
7	Area of overhang		For extraction stage
8	Maximum Inflammable gas released in Cu. Meter per ton of coal produced		For Development stage
9	Overall Pit slope		For Opencast mines
	Individual entry for each Pit		
10	Overall dump slope		For Opencast mines
	Individual entry for each Dump		
11	Area of fire in Sq. m.		
12	Length of embankment required to be provided against the water body		
13	Length of embankment provided against the water body		
14	Length of fencing required/provided as per statute		
15	No. of opening required to be sealed in case of abandoned mines:		
16	No. of Openings sealed in case of abandoned mines:		
17	Number of Mock drills conducted and date of same with coverage of employees		

18	No. of Oil/Gas wells: under drilling/ under production/ under work over (as per drop down menu)		For Oil and gas mines
19	No. of wells where production discontinued		For Oil and gas mines
20	If Yes to pt. 19 above, Action taken		
21	Action Taken in respect of Wells where production has been discontinued		For Oil and gas mines
22	Maximum Quantity of explosive used in any day (in Kgs.)		For all types of mine
23	Whether Building or Structures not belonging to owner lies within danger zone?	Yes/No/NA	For Coal & Metalliferous Mines
24	Aggregate HP/KW of machineries installed/deployed in the mine for the year		For all types of mine

#### D. Medical examinations - Initial/Periodical (IME/PME):

During the year, total number of persons including contractual workers:

Particulars	Total No. of Persons
Undergone IME	
Undergone PME	
Declared medically Temporary unfit	
Given alternate Employment due to Medical unfitness	
Terminated on account of being medically unfit	

#### E. Details of Vocational training imparted:

During the year, total number of persons including contractual workers:

Particulars	Total No. of Persons
Imparted Basic Vocational Training	
Imparted Refresher Training	
Imparted special Training	

**F. Details of Accident, Dangerous Occurrence and Occupational Diseases :**

**(1) Details of Accidents and Dangerous Occurrences:**

Sl. No.	Date of Accidents/Dangerous Occurrences	No. of persons killed	No. of persons received Serious Bodily Injury	Number of persons injured (Excluding Serious Bodily Injury) and thereby prevented from working for a period of 48 hours or more	Nature of Occurrence	Mandays lost
1.						

**(2) Details of Occupational diseases:**

Sl. No	Notified Disease	No. of cases
1		

**G. Details of Safety Management Plan:**

- (a) Safety Management Plan Prepared: (Yes/No/NA)  
 (b) Date of Submission : Date  
 (c) Last date of review of Safety Management Plan: Date  
 (d) Principal Hazards Identified:

Sl. no.	List of Principal hazards identified	Principal hazard Mitigation date	Principal hazard not mitigated till 31 <sup>st</sup> December	Reasons for failure to mitigate the same
1.				

**H. Mines Rescue Station: (For Belowground Mines Only)****A. For Mine: (To be filled by Mine Owner)**

- (i) Address of the Rescue Station with Geo-coordinates serving the Mines;  
 (ii) Distance of the Rescue Station from Mine Opening; -----(in KM)  
 (iii) Whether Mine Rescue Station has been established by the mine or not? (Yes/No)

**Mines Rescue Station: (For Belowground Mines Only)**  
**(For Rescue Station)**

For Mine Rescue Station (To be filled by the Superintendent, Rescue Station)

- (i) Name of the Owner of Mine where MRS stationed:  
 (ii) Address of MRS:  
 (iii) Name of the Superintendent :  
 (iv) Details of the mine served by the Rescue Station:

Sl. No.	Name of the Mines	Distance of the Mine from MRS (in Kms)

(v) Details of Personnel Deployed at Rescue Station;

Sl. No.	Designation as per Code	Number of statutory persons required	Number of statutory persons employed

(vi) Details of Equipment/Apparatus :

Sl. No.	Type of Equipment/Apparatus required	Numbers of Equipment/Apparatus available

(vi) Particulars of Emergency Attended:

Sl.No.	Name of the Mine	Nature of Emergency	Response Time (time taken by rescue services to attend the emergency)	Time taken for Rescue & Recovery	Action Taken

(vii) Additional Information :

- (a) Number of Rescue Rooms :
- (b) Number of Rescue Trained Persons Required :
- (c) Number of Rescue Trained Person available :
- (d) Whether Canteen facility exist or not? ( Yes/No):

Certified that the tables are duly filled in and information and figures given in all the tables are correct to the best of my knowledge.

Signature of employer/occupier/Owner/Agent/Manager

Place:

Dated:

**PART III**  
**(See rule 87)**

ANNUAL RETURN period ending 31<sup>st</sup> December  
(to be submitted by the principal employer on Shram Suvidha Portal)

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

Sl.	Month	Name and address of the contractors	LIN of the contractor	Name of the work	Maximum number of contract worker employed	Amount paid against wage bill (if applicable) to the contractor (including EPF, ESIC, Bonus etc.)	Date of payment of wage bill (if applicable)	Amount of the wages paid directly to the contract labour by Principal Employer (in case the contractor fails to pay)	Date of payment of wages paid directly to the contract labour by Principal Employer (in case the contractor fails to pay)	Remarks

Signature of the principal employer

Date:

**FORM IXA****(See rule 87)**

(Half Yearly Return (January to June / July to December) to be submitted by Contractor to be filed electronically to the Deputy Chief Labour Commissioner (Central) concerned under Rule 81)

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

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

Signature of the contractor:

Date:

**FORM-X**  
**(See rule-67)**  
**REGISTER OF ACCIDENTS AND DANGEROUS OCCURRENCES**

Name of Injured/deceased person (if any)	Date of Accident or dangerous occurrence	Date of report to Inspector-cum-Facilitator	Nature of accident or dangerous occurrence	Date of return of injured Person to work	Number of days the injured Person was absent from work
1	2	3	4	5	6

**FORM-XI**  
**[See rule-68]**  
**REGISTER FOR LEAVE WITH WAGES**

Part I - Adults

Part II - Adolescents

Establishment:

Name of worker :

Department :

Father's Name:

Sl. No	Sl.no. in the register of workers	Date of entry into service	Interruptions					Lea ve due with effect from	Wheth er leave not desired during the next 12 months	Date from which the worke r is allowe d leave	Wages for Leave Paid in	Discharged worker		Remarks
			Sickness and accidents	Aut horized Leav e	Lock Out or Legal Strike	Involu ntary unem ployment	Oth ers					Date of Discharg e	Date and amount of payment made in lieu of leave due	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

**Note:** - Separate page shall be allotted to each worker

**FORM-XII**  
**(See rule-77 and 78)**  
**APPLICATION FOR LICENSE**

<b>On Line Application for License/ Renewal of License/Amendment of License (including Common/single license)</b>	
Government of India, Ministry of Labour and Employment	
<b>ESTABLISHMENT PROFILE:</b>	
Labour Identification Number	Date
Acknowledgement Number: ..... Date of Application: .....	
<b>I. Particulars of Establishment for which licence required:</b>	
1. Name of Establishment:	
2. Address of establishment	
(a) Head Office address along with email Id :	
(b) Corporate office address along with email Id:	
3. Telephone Number :	
4. Activity as per National Industrial Classification : (Select all applicable activities given)	
5. Details of selected NIC Code:	
6. Nature of work carried on in main establishment :	
7. Identifier of the Establishment : (Select) : e-sign/digital sign	
<b>II. Details of Employer:</b>	
1. Full Name of Employer: .....relationship with establishment.	
2. Full Address of Employer:	
3. Email Id of employer:	
4. Mobile No. of employer:	
<b>III. Particulars of the Contract Labour to be employed / is employed (If licence is required work wise)</b>	

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

5. Maximum number of workmen proposed to be employed on the Establishment on any date: **24**

6. Amount of Licence Fee: **INR** ( Transaction Id : )

7. Amount of Security Deposit: **INR** ( Transaction Id : )

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

Type of Establishments	Name & Address of establishment	(i)Nature of work carried out in the establishment (ii) Activity as per National Ind'l classification	Date of commencement	Permanen t 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 are situated	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

<b>Signature of Contractor</b>
<b>(e-Sign/DSC)</b>
<b>Note:</b> This is an online application summary applied on Shram Suvidha Portal or designated Portal.
<b><u>APPLICATION FOR RENEWAL OF LICENCE</u></b>
1. Licence No. <span style="float: right;">Date :</span>
2. LIN & PAN
3. Name and address of the establishment:
4. Date of expiry of previous licence :
5. Whether the licence of the employer/contractor was suspended or revoked:
6. Details of Fees paid : (Enclose e-payment receipt): Amount .... date of payment :
E-sign /digital sign of the employer/contractor date:
<b>APPLICATION FOR AMENDMENT OF LICENCE :</b>

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

**E-sign /digital sign of the employer/contractor**

**date of application.**

**Date**

**place**

**FORM-XIII**  
**(Under-See rule-79)**  
**PROFORMA OF LICENSE**

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

Licence is hereby granted to -----

for the premises known as -----

situated at -----

nature of work \_\_\_\_\_

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

The ----- 20..

Issuing Authority

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

**AMENDMENTS:**

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

E-sign /digital sign of the designated authority

**FORM-XIV**  
**(See rule-89)**  
**EXPERIENCE CERTIFICATE OF CONTRACT EMPLOYEE**

To whom so ever concerned

1. Name of contractor/employer*:
2. LIN/PAN No. of the contractor/employer *:
3. Email Id of the contractor /employer *:
4. Mobile No. of the contractor/employer *:
5. Nature and location of work:
6. Name of Principal Employer*:
7. LIN/PAN No. of the Principal Employer .*
8. Email Id of the Principal Employer : *
9. Mobile No. of the Principal Employer :*
10. Name of the worker*:
11. UAN / Aadhaar No.:
12. Mobile No. :
13. Serial Number in the Employee Register :
14. Registration number, date and name of the Board if the building and other construction worker is registered as a beneficiary:
15. Period of Employment:
16. Designation:
Seal and Signature of Contractor
*Please strike off whichever is not applicable.

**FORM-XV**  
**(See rule-94)**

**Agreement between Producer and Audio-visual worker**

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

Now, therefore this agreement is made as follows:

1. That both the parties agree that the duration of this agreement shall be from the date hereof till the completion of the audio-visual and this period shall not exceed consecutive months.
2. That the audio-visual worker agrees to attend studio, location or work place, as the case may be, subject to the requirement of his previous engagement and on his confirmation, to his respective job punctually as and when he shall be required by a written intimation by the Producer or the person duly authorised by him in writing.
3. That in consideration of the audio-visual worker services, as aforesaid, the Producer agrees to pay and the audio-visual worker agrees to receive a sum of Rs. ....(Rupees .....) payable as advance on signing of this agreement and the balance of Rs. ....payable in ..... equal installments.
4. That in the event of the audio-visual production being not complete within the stipulated period and the Producer still needing the services of the audio-visual worker to complete the audio-visual production, the producer agrees to pay and the audio-visual worker agrees to receive additional remuneration on pro-rata basis, payable in the same manner as stated in Clause 3 above, till the completion of the production.

5. That in case the assignment of the audio-visual worker is completed earlier than the period stipulated in Clauses 1 and 4 above, the producer shall settle the account of the audio-visual worker and pay the remaining balance of the agreement amount in full before the commencement of re-recording work/censor of the production, whichever is earlier.
6. That the audio-visual worker shall, if so required,
- (a) attend the studios, location or work-place, as the case may be, earlier than the a scheduled time of the shift, for preparatory work, and in that case, he/she shall be paid by the Producer extra wages at the rate of Rs. ....per hour or part thereof for such early attendance.
  - (b) continue to work beyond the working day, with one hour break and in that case, he/she shall be paid by the Producer extra wages at the rate of Rs..... for the work during the extended hours and refreshments, and transport facilities.
7. That the Producer shall provide transport and food or pay traveling allowances to and fro to report to duty and food allowance while on duty as are customary or fixed by bilateral arrangements between the Producer's and audio-visual worker's representative organizations.
8. That the Producer shall also pay for all travelling and accommodation expenses, fares, cost of food and such other allowances as are customary when the audio-visual worker is required to work on location outdoors.
9. That the Producer shall get the audio-visual worker insured for any injury or damage to his/her person including death caused by accident arising out of or in the course of his/her employment and/or during the period of his/her assignment under this agreement.
10. That where the Producer is prevented from proceeding with the production of the audio-visual by reason of fire, riot, natural calamity, order of the public authority or any other reason beyond his control :-
- (a) he shall be entitled to suspend the operation of this agreement during the period of suspension of production in case the production is suspended. The producer shall serve notice in writing of such suspension on the audio-visual worker and shall pay all his/her dues up to the date of service of such notice. Upon resumption of work on the film, this agreement shall revive and shall remain valid for the period stipulated in Clause I excluding the period of suspension there from ; or
  - (b) he shall be entitled to terminate this agreement as from the cessation of production, in case the production ceases completely. The producer shall serve a notice in writing of such cessation on the audio-visual worker and make payment of all the amount due to the audio-visual worker at the time of termination.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

27. 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-visual worker | Name Address |

[F. No. S-65025/01/2021-ISH.II]  
ALOK CHANDRA, Senior Labour and Employment Advisor