The Inter-State Migrant Workmen (Regulation of Employment & Conditions ofService) (Karnataka) Rules, 1981:••••

<u>FORM-'I'</u>

[See Rule 3 (I)]

Application for Registration of Establishment employing Migrant Workmen

1. Name and location of the Establishment:	
2. Postal address of the Establishment:	
3. Full name and address of the Principal Employer (furnish father's/husband's name in the case of individuals)	
4. Names and address of the Directors/particular partners (in case of Companies and firms):	
5. Full name and address of the Manager or person responsible for the supervision and control of the Establishment:	
6. Nature of work carried on in the establishment:	
 7. Particulars of contractors and migrant workmen - (a) Names and address of contractors: (b) Nature of work for which migrant workmen are to be recruited or are employed: (c) Maximum number of migrant workmen to be employed on any day through each contractor: (d)Estimated date of commencement of each contract work under each contractor: (e) Estimated date of termination of employment of migrant workmen under each contractor: 	
Particulars of Treasury Challan	·

I hereby declare that the details given above are true to the best of my knowledge and belief.

Dated

Principal Employer Seal and Stamp

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The Inter-State Migrant Workmen (Regulation of Employment & Conditions of Service) (Karnataka) Rules, 1981: ••• F O R M – 'IV' [See Rule 7 (1)] Application for Licence for recruitment

1. Name and address of the contractor (including his father's / husband's name in case of individuals): 2. Date of birth and age (in case of individuals): 3. Particulars of Establishment where migrant workmen are to be employed: (a) Name and address of the establishment: (b) Type of business, trade, industry, Manufacture or occupation which is carried on in the establishment: (c) Number and date of certificate of registration of the establishment under the Act: (d) Name and address of the Principal Employer: 4. Particulars of migrant workmen: (a) Nature of work in which migrant workmen are employed or are to be employed in the establishment: (b) Duration of the proposed contract work (give particulars of proposed date of commencing and ending) (c) Name and address of the Agent or Manager of Contractor at the work-site: (d) Maximum number of migrant workmen proposed to be employed in the establishment on any date: (e) Names and addresses of the Directors / Partners (in case of companies and firms) (f) Name(s) and address(es) of the person(s) in-charge of and responsible to the company/firm for the conduct of the business of the company / firm as the case may be: 5. Whether the contractor was convicted of any offence within the preceding five years, if so, give details: 6. Whether there was any order against the contractor evoking or suspending licence or forfeiting security deposits in respect of an earlier contract. If so, the date of such order: 7. Whether the contractor has worked in any other establishment within the past five years. If so, give details of the principal employer, establishment and nature of work: 8. Whether a certificate by the Principal Employer in Form 'VI' is enclosed: 9. Amount of licence fee paid: (No. of Crossed Demand Draft and date):

10.Amount of security deposit, if any,

Declaration : I hereby declare that the details given above are correct to the best of my knowledge and belief.

Place:

Dated

(Signature of the Applicant)

(Contractor)

Note: The application should be accompanied by a crossed demand draft showing the payment of the prescribed licence fee and security deposits, if any, and a certificate in Form VI from the Principal Employer.

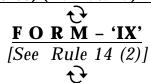
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Certified that I have engaged the applicant (name of the Contractor) as a contractor in my establishment. I undertake to be bound by all the provisions of the Inter-State Migrant Workmen (Regulation of Employment & Conditions of Service) (Karnataka) Act, 1979, and the Inter-State Migrant Workmen (Regulation of Employment & Conditions of Service) (Karnataka) Rules, 1981, in so far as the provisions are applicable to me in respect of the employment of migrant workmen by the applicant in my establishment.

Place:	Signature of the Principal Employer
Date:	Name and address of Establishment:

<u>The Inter-State Migrant Workmen (Regulation of Employment & Conditions of</u> <u>Service) (Karnataka) Rules, 1981:</u>



Application for renewal of Licence

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1. Name and address of the contractor:	
2. Number and date of the licence:	
3. Date of expiry of the previous licence;	
4. Whether the licence of the contractor was suspended or revoked:	
5. No. and date of the crossed demand draft enclosed:	

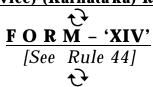
Place:

Date:

Signature of the Applicant

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<u>The Inter-State Migrant Workmen (Regulation of Employment & Conditions of</u> <u>Service) (Karnataka) Rules, 1981:</u>



Service Certificate

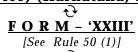
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Name and address of Contractor:	:
Name and location of work:	:
Name and address of the migrant workmen:	:
Age and date of birth:	:
Identification Marks:	:
Father's / Husband's name:	:
Name and address of establishment: in/under which migrant workman are employed:	:
Name and address of principal employer:	:

Sl. No.	Total period for which employed:		Nature of work done	Rate of wages (with particulars of unit in case of piece work)	Remarks
	From	То			

Signature of Contractor or his authorised representative

The Inter-State Migrant Workmen (Regulation of Employment & Conditions of <u>Service) (Karnataka) Rules, 1981:</u>



Return to be sent by the Contractor to Licensing Officer for the Half year ending

1. Name and address of the contractor :	
2. Name and address of the Establishment:	
3. Name and address of the Principal Employer:	
4. Duration of contract:	from to
5. No. of days during the half year on which(a) the establishment of the principal employer had worked:(b) the contractors establishment had worked:	
 6. Maximum number of inter-state migrant workmen employed on any day during the half year: Men Women Children Total: 	
 7. (i) Daily hours of work and spread over: (ii) (a) Whether weekly holiday observed and on what day: (b) If so, whether it was paid for (iii) No. of man-hours of overtime worked 	
 8. Number of man days worked by – Men Women Children Total (NoteWages shall not include wages for periods of outwards and return journeys) 	
9. Amount of deductions from wages, if any- Men Women Children Total	
10.Amount of displacement allowance paid: Men Women Children Total	

11. Amount of outward journey allowance paid:	
Men	
Women	
Children	
Total	
12. Amount of wages for outward journey period paid:	
Men	
Women	
Children	
Total	
13. Amount of return journey allowance paid:	
Men	
Women	
Children	
Total	
14. Amount of wages for return journeys period paid:	
Men	
Women	
Children	
Total	
15. Whether the following have been provided –	
(i) Residential accommodation	
(ii) Protective clothing	
(iii) Canteens	
(iv) Rest rooms	
(v) Latrine and Urinals	
(vi) Drinking water	
(vii) Creche	
(viii) Medical facilities	
(ix) First Aid	
(If the answer is 'yes' state briefly nature/standards provided)	

Place Dated

Signature of the Contractor

<u>The Inter-State Migrant Workmen (Regulation of Employment & Conditions of Service)</u> (Karnataka) Rules, 1981:

FORM - **'XXIV'** [See Rule 50 (2)]

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Annual Return of Principal Employer to be sent to the Registering Officer Year ending 31 December

1. Full name and address of the Principal Employer:	
 2. Name of the Establishment: (a) District: (b) Postal address (c) Nature of operation/industry/work carried on 	
3. Full name of the Manager or person responsible for supervision and control of the establishment:	
4. Number of contractors worked in the establishment during the year (Give details in Annexure):	
5. Nature of work operations on which migrant workman was employed:	
6. Total number of days during the year on which migrant workman was employed:	
7. Total number of man days worked for by migrant workman during the year:	
8. Maximum number of workmen employed directly on any day during the year:	
9. Total number of days during the year on which direct labour was employed:	
10. Total number of man days worked by directly employed workmen:	
11.Change, if any, in the management of the establishment, its location or any other particulars furnished to the Registering Officer in the application for Registration indicating also the dates.	

Place:

Dated:

ANNEXURE TO FORM

Principal Employer

Name and address of	Period of contract	Nature	Maximum No. of workers	No. of days	No. of man days
the			employed by	worked	worked
contractor			each		

			contractor	
	From	То		
