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

@@@@@@@@@

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.

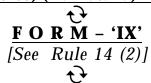
@@@@@@@@@

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

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

Ð

| 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: | |

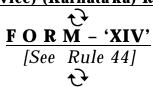
Place:

Date:

Signature of the Applicant

ī.

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



Service Certificate

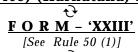
Ð

| 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)]

t

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 | | |
| | | | | |
