

ANNEXURE V

FORM FOR SELF CERTIFICATION AND CONSOLIDATED ANNUAL RETURN TO BE SUBMITTED BY THE EMPLOYER REGISTERED UNDER THE SCHEME

REGISTRATION NO : TSPL123456

NAME & ADDRESS OF THE REGISTERED ESTABLISHMENT

Tech Solutions Pvt Ltd
abc, IT Park, Mumbai, Maharashtra, India

I, Mr./Mrs./Miss **Rajesh Kumar**, hereby certify that I am the Occupier/Employer/Contractor of the factory establishment whose identification and general details are as follows. I hereby certify that the status of compliance of the following labour laws and annual information of my enterprise during the year is as under :

- (i) The Minimum Wages Act, 1948 and Gujarat Rule-21 (4) 1961, there under
- (ii) The Contract Labour [Regulation & Abolition] Act, 1970 and Gujarat Rules 82 (1), 82 (2), 1972 thereunder
- (iii) The Factories Act, 1948 and Gujarat Factories Rules 1963 (GFR)
- (iv) The Payment of Bonus Act, 1965 and Rule 5 there under
- (v) The Payment of Gratuity Act, 1972 and Gujarat Rule 1976 there under

1. Name and address of establishment/Factory : Tech Solutions Pvt Ltd,
abc, IT Park, Mumbai, Maharashtra, India

| Tele. No. | Mobile No. | Fax No. | Email Address |
|-----------|----------------|---------|---------------------------|
| | +91-9876543210 | | contact@techsolutions.com |

2. Name and residential address of the Employer/Occupier/Contractor : Rajesh Kumar,

| Tele. No. | Mobile No. | Fax No. | Email Address |
|-----------|------------|---------|---------------|
| | | | |

3. Name and residential address of the Manager or person responsible for supervision or control of the establishment/factory : ,

| Tele. No. | Mobile No. | Fax No. | Email Address |
|-----------|------------|---------|---------------|
| | | | |

4.Registration No./Licence No. and date of commencement of the establishment/Factory : TSPL123456

5.Nature of Industry/activity : Software Development

6.Number of Employees employed (Including contract workers) :

| Type of Worker | Unskilled | semiskilled | Skilled | Total | Male | Female |
|--------------------|-----------|-------------|---------|-------|------|--------|
| Direct | 0 | 0 | 0 | 0 | 0 | 0 |
| Through Contractor | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | | | 0 | 0 | 0 | 0 |

Part A

My establishment is covered under the Minimum Wages Act, 1948 and rules made thereunder and all workers/office staff are paid wages overtime wages as prescribed by the Government of Gujarat. I have maintained all the registers and records as required under the law.

1.Number of days the establishment/factory worked in the year :

2 :Number of man days worked in the year :

3 :Number of average employees employed in the year :

4 :Total wages paid category wise :

| | |
|--------|--|
| Male | |
| Female | |

5.Total Fine Imposed:, if any :

6.Other deductions:, if any :

Part B

The Part A and B are to be furnished if the maximum number of employees employed on any day during the year under report exceed 9 (Nine)

My establishment is covered under the Payment of Bonus Act, 1965 and the workers are paid bonus. I have maintained records and registers as per the Act.

1.Percentage of bonus paid :

2.Number of beneficiaries :

3.Total amount of bonus paid :

4.Date of payment :

5.If bonus is not paid, reason there of :

Part C

Part A, B & C are to be furnished, if the establishment has employed more than 9 contract labour on any day during the year under report. (Details to be provided by the Principal Employer)

My establishment is covered under Contract Labour (Regulation and Abolition) Act, 1970 and the workers are paid wages and overtime wages as prescribed by the Government of Gujarat. I have maintained records and registers as per the Act.

- 1.Name and postal address of the contractor :
- 2.Nature of work/operations of contractor :
- 3.Total number of days during he year on which contract labour was employed : 0
- 4.Total number of man days worked during the year by contract labour : 0
- 5.Total number of days during the year on which direct labour was employed : 0
- 6.Total number of man days worked by direct labour : 0
- 7.Change, if any, in the management of establishment its locations, or any other particulars furnished to the Registering Officer in the application for the registration (Details may be furnished with dates of changes) :

YEARLY RETURN to be submitted by the Contractors employing more than 9 workers.

- 1.Duration of contract :
Number of days worked during the year :
- 2.Average number of contract labour worked on any day during the year :
- 3.Details of

(a) Working hours :
(b) Overtime work :
(c) Weekly holiday :
(d) Spread over :
(e) Weekly holiday paid or not :
- 4.Number of mandays worked :
During the year

| | | |
|--|--|--|
| | | |
|--|--|--|
- 5.Amount of wages paid :
- 6.Amount of deduction from wages :
- 7.The following has been provided?
Canteen : Yes
Rest rooms : Yes
Drinking water : Yes
Creches : Yes
First aid :

Part D

Details for self-certification under The Factories Act, 1948 and Rules made there under

My factory is registered under The Factories Act, 1948 and provisions regarding Health, Safety, Welfare etc., are complied with.

(A) Factory Identification details

- FIN (Factory Identification Number) :
- NIC Code (Five digit) :
- Sector (Public|Private|Co-operative|Joint Venture) :
- Registration under Section {2m (i) 12m (ii) /85} :
- Registration No :
- License No :
- Licensed workers :
- Licensed H.P :
- License renewal position (year) :
- License renewal application submitted for the year :

| | |
|-------------------|--|
| Plan approval No: | Date: ##### Stability Certificate (i) obtained on date : 01-01-2024 (ii) submitted on date: 25-12-2023 |
|-------------------|--|

- Finished products :
- Intermediates :
- Raw materials :

(B) Details of employment

- (i) Average daily workers:

| | |
|--------|----------|
| Male : | Female : |
|--------|----------|
- (ii) Number of days the factory worked during previous year: :
- (iii) Number of man days worked (i.e. aggregate attendance during the previous year) :
- | | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

| | | | | | | | |
|-----|-------------|-------|--|---------|--|---------|--|
| (a) | Adults | Men : | | Women : | | Total : | |
| (b) | Adolescents | Men : | | Women : | | Total : | |

(iv) Average number of workers employed daily. i.e. Man days worked divided by number of days worked. :

| | | | | | | | |
|-----|-------------|-------|-----|---------|------|---------|-----|
| (a) | Adults | Men : | 0 | Women : | 0 | Total : | |
| (b) | Adolescents | Men : | 123 | Women : | 1123 | Total : | 123 |

(v) Total number of man-hours worked including overtime but excluding rest interval. :

| | | | | | | | |
|-----|-------------|-------|-----|---------|------|---------|-----|
| (a) | Adults | Men : | 123 | Women : | 1123 | Total : | 123 |
| (b) | Adolescents | Men : | 123 | Women : | 1123 | Total : | 123 |

(vi) In respect of factories carrying on processes declared under section 87:

| Name of the dangerous process or operation | Average number of persons employed daily | Number of persons | | | |
|--|--|---------------------------|-----------------------------|-----------------------|-------------------------|
| | | Medically examined (Male) | Medically examined (Female) | Declared unfit (Male) | Declared unfit (Female) |
| | | | | | |
| | | | | | |
| | | | | | |

(vii) In respect of hazardous processes under Section 2(cb):

| Name of the hazardous process | Average number of persons employed daily | Number of persons | | | |
|-------------------------------|--|---------------------------|-----------------------------|-----------------------|-------------------------|
| | | Medically examined (Male) | Medically examined (Female) | Declared unfit (Male) | Declared unfit (Female) |
| | | | | | |
| | | | | | |
| | | | | | |

(C) Compliance Status for Health Provisions

| | | |
|---|---|-----|
| 1 | Measures taken for prevention of dust / fumes generated in the process | Yes |
| 2 | Provision of wholesome drinking water (Sec. 18, GFR 35 to 40) | Yes |
| 3 | Provision of Urinals, Latrines & Bathrooms facilities separately for men and women (give Number for each) (Sec. 19, GFR 41 to 50) | Yes |
| 4 | Maintenance of health records in Form No. 20, 32 & 33 (as applicable) (GFR 15, 68 U) | Yes |
| 5 | Provision of Occupational Health Center (GFR 68 U) | Yes |
| 6 | Provision of Factory Medical Officer if applicable (Retainer ship base / Part time / Full time) (GFR 68 U) | Yes |
| 7 | Number of Industrial Hygienists employed to monitor work, environment as required under Section 7 -A, 112 | Yes |

(D) Compliance Status for Safety Provisions

| | | |
|----|---|-----|
| 1 | Compliance of safety provisions prescribed under Schedules, including guarding of machinery. (Sec. 21, 22, GFR 54 & 102) | Yes |
| 2 | Whether safe means of access provided to plants & machinery (Sec. 32, 33) | Yes |
| 3 | Whether emergency fire exits provided (GFR 66A) | Yes |
| 4 | Details of fire fighting equipments including water storage capacity & trained personnel (GFR 66A) & (GFR 102 Schedule-19, Part-3) | Yes |
| 5 | Whether hoists, lifts, cranes, lifting tackles & devices are certified by a Competent Person in prescribed forms? (Sec. 28, GFR 58, 59; Sec. 29 GFR 60, 60A) | Yes |
| 6 | Whether pressure vessels in use are tested and certified by a Competent Person? (Sec. 31, GFR 61, 61A) | Yes |
| 7 | Details of personal protective equipment and special safety equipment, if any. (Sec. 41, GFR 102 & 55A) | Yes |
| 8 | Details of Safety Officers & Safety Supervisors (Sec. 40 B GFR 68-H & 68-S) | Yes |
| 9 | Safety Committee functioning? (if applicable) (GFR 68 F, 68 Y) | Yes |
| 10 | Whether provisions of Chapter-IV A complied with (if covered under Schedule-I framed under Sec. 2cb) (Sec. 41B to 41H) | Yes |
| 11 | Number of Safety programs for training & safety awareness arranged during last year and workers trained through it | Yes |
| 12 | For Major Accident Hazard Factories: (a) Onsite emergency plan prepared / amended: Yes (b) Rehearsals done for Onsite Emergency Plan during last year: Yes (c) Details of Safety Policy, Audit & Safety Report: Yes (d) Whether information regarding hazards is provided to workers/public: Yes | ✓ |

(E) Compliance Status for Welfare Provisions

| | | |
|---|---|-----|
| 1 | Whether first aid facilities are provided as per rules (Sec. 45, GFR 70) | Yes |
| 2 | Provision of Ambulance Room, required staff, Ambulance Van (if applicable) (Sec. 45, GFR 68 U, 68-V & 71) | Yes |
| 3 | (a) Whether canteen facility provided as per standards if more than 250 workers are employed? (Sec. 46, GFR 72 to 78) : Yes (b) Is canteen managed/run departmentally or through contractor? Run by: Run departmentally | |
| 4 | Whether Rest Room and Lunch Rooms are provided? (If more than 150 workers) (Sec. 47, GFR 79) | Yes |
| 5 | Whether creche facilities are provided for use of children of women employees? (If more than 30 women) (Sec. 48, GFR 80 to 83 A) | Yes |
| 6 | Whether Welfare Officer is appointed as per the provisions laid down (Sec. 49) | Yes |

(F) Compliance Status of Working Hours Provisions

| | | |
|------|--|-----|
| 1 | Compliance with 9 hours/day and 48 hours/week rule (Sec. 51 to 56, GFR 84 to 86) | Yes |
| 2 | Whether notice of period of work is displayed on notice board? (Sec. 61, GFR 87) | Yes |
| 3 | Shift Timings: 1st shift: to 2nd shift: to 3rd shift: to General shift: to | ✓ |
| 4 | (a) Normal working time for women workers: 8 hrs If relaxation granted, whether return & transport and security facilities provided? (GFR 91-A) | Yes |
| 4(b) | Whether certificates of fitness are obtained for employment of young persons (above 14 years) in Form No.5? (Sec. 69) | Yes |

(G) Compliance status for Annual leave with wages

(a) Whether leave with wages are allowed to the eligible employees (Sec.79)

(b) Total number of workers discharged/dismissed from the service/quit employment / superannuated/died while in service during the previous year NIL

(c) Number of workers in respect of whom wages in lieu of leave were paid:

Leave with Wages

Total number of workers employed during the year

| | | | | | | |
|---------------|------|--|-------|--|-------|--|
| Adults | Men: | | Women | | Total | |
| Young Persons | Men: | | Women | | Total | |

Number of workers who were entitled to annual leave with wages during the year

| | | | | | | |
|---------------|------|--|-------|--|-------|--|
| Adults | Men | | Women | | Total | |
| Young Persons | Men: | | Women | | Total | |

Number of workers who were granted annual leave with wages during the year

| | | | | | | |
|---------------|------|--|-------|--|-------|--|
| Adults | Men | | Women | | Total | |
| Young Persons | Men: | | Women | | Total | |

(H) Reporting of accidents to Factory Inspectorate

(1) Whether arrangements are made to report the accidents involving more than 48 hours absence including injuries and Fatal to Factory Inspectorate in Form No.21 (Sec.88, GFR103): 0

(2) Number of Accidents and Dangerous Occurrences during Previous year: 0

| Sl. No. Accident / Occurrence | | Only non-fatal injuries | | | Fatal injuries as well as non-fatal injuries | | | |
|------------------------------------|---|--|-------------------------|-------------------------|--|---------|--------------------------|---------|
| | | Number of Persons injured inside the factory | Persons injured outside | Medical Officer treated | Number of Persons injured | | Number of Persons Killed | |
| | | | | | Inside the factory | Outside | Inside the factory | Outside |
| 1 | Accidents including dangerous occurrences and major accidents involving injuries/deaths | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2 | Dangerous occurrence not involving injuries/deaths | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3 | Dangerous occurrence involving injuries/deaths | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4 | Major accident involving injuries/deaths | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5 | Major accident not involving injuries/deaths | | | | | | | |

(3) Injuries occurring inside the factory during the previous year.

| Type of Accident | Hazardous Process under Section 2(cb) | | | Dangerous operations under Section 87 | | | Other | | |
|--------------------|---------------------------------------|-------|-----------|---------------------------------------|-------|-----------|----------|-------|-----------|
| | Accident | Fatal | Non-fatal | Accident | Fatal | Non-fatal | Accident | Fatal | Non-fatal |
| Number of injuries | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

(4) (i) Non-fatal injuries (workers injured during the year in which injured workers returned to work during the year): 0

(ii) Number of injuries: 0

(iii) Manday lost due to injuries: 0

(5) (i) Non-fatal injuries (workers injured) occurring in the previous year in which injured workers returned to work during the current year: 0

(ii) Number of injuries: 0

(iii) Manday lost due to injuries (This should be the total manday lost during the previous year as well as in the current year.): 0

Place: _____

Date: _____

Manager/Owner/Partner
Name of The Applicant Establishment