

FORMAT FOR FURNISHING SELF-CERTIFICATION UNDER VARIOUS LABOUR LAWS BY ALL TYPES OF INDUSTRIES IN ANDHRA PRADESH EXCEPT HAZARDOUS INDUSTRIES NOTIFIED BY THE GOVERNMENT

(G.O.MS.NO.28, DATED 21.04.2002 & G.O.MS.NO.26, DATED 28.06.2002 OF LABOUR, EMPLOYMENT TRAINING & FACTORIES (LAB.II) DEPARTMENT)

1	Name and Address of the Establishment	:
2	Name and Address of the Employer	:
3	Registration/License No	:
4	Name of the Act under which Registration/license obtained	:
5	No of workers employed 1. Men 2. Women 3. Total a. Regular b. Contract c. Others	:
6	Whether minimum wages paid (specify the name of the scheduled employment)	:
7	Whether appointment letters/ID cards issued	:
8	Whether required register under all the relevant Acts maintained by the Principal Employer and Contractor	:
9	Whether returns as per Schedule under the Act/Rules submitted before due date	:
10	Whether Maternity benefit extended to the women employees	:
11	Whether arrangements are made to pay wages to the employees by 7 th / 10 th of the succeeding month	:
12	No of employees paid bonus	:
13	Whether wages paid to the employees through Bank Account	:
14	Whether the retired/resigned etc employees are paid gratuity, leave encashment etc as per the provisions of the Act/Rules	:
15	Whether the conditions of service, holidays, leaves, weekly offs etc allowed to the employees under the relevant Acts/Rules	:

CERTIFICATE

- I. Certified that we have complied/are complying with all the provisions under all the Act and Rules applicable to the establishment.
- II. We are the authorized persons to issue the above certificate and the above certificate is issued with full knowledge of the statutes. We jointly and severally responsible for any information found incorrect subsequently and liable for prosecution under the provisions of the Acts/Rules.

SIGNATURE OF THE MANAGER

SIGNATURE OF THE EMPLOYER

NAME AND DESIGNATION
DATE & OFFICIAL SEAL

NAME AND DESIGNATION
DATE & OFFICIAL SEAL

Accepted

DESIGNATED OFFICER/INSPECTOR