ANNEXURE-D [see clause 14(ii)]

Name of the enterprise:

Date of commencement commercial production/operation :

:

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Sl.  No. | Full name of employee | Gender(M/F) | Present address | Permanent address | Date of birth | Job designation | Nature of job (managerial/ technical  /supervisory  /skilled  /unskilled) | Date of joining in the enterprise | Whether local tribals/ non-local | Whether normal/ disabled person |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

Add rows if required

Certified that the employees have been verified physically and also other records such as acquaintance roll/payment register/list filed with office of Employees Provident Fund on…………………… and found that the unit employs ……………. % of local tribal’s. Also certified that the unit is in operational/non-operational condition and is functioning/non-functioning on the date of inspection on ……………...

Comments of the General Manager of DC&IC concerned.:…………………………………………………………………………………………………………

Name of Inspecting Officer:

DIC-General Manager Name of District

Meghalaya

:

**N.B. : Local tribal means a person belonging to either Khasi or Garo or Jaintia community or any other ST recognized by the Government of Meghalaya and residing in the State of Meghalaya**