APPLICATION FOR INTEGRATED REGISTRATION OF ESTABLISHMENT UNDER LABOUR LAWS

(Second Schedule (Sec. 2(d) & Sec. 4(1)

**FORM –A**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **REGISTRATION / LICENSE REQUIRED UNDER (Specify with Tick Mark**) | | | | | |
| 1. A.P Shops & Establishments Act | |  | 1. Motor Transport Workers Act. |  | |
| 1. Contract Labour Act | |  | 1. Inter-state Migrant Workmen Act |  | |
| 1. Building & Other Construction Workers Act | |  | 1. Payment of Gratuity Act |  | |
| **ESTABLISHMENT DETAILS** | | | | |
| Name of the Shop / Establishment |  | | | |
| Classification of Establishment |  | | | |
| Street / Door No. |  | | | |
| Locality |  | | | |
| District |  | | | |
| Mandal |  | | | |
| Village /Ward / Division |  | | | |
| Pin Code |  | | | |
| Mobile No. |  | | | |
| eMail Address |  | | | |
| **EMPLOYER DETAILS (Enclose Passport size Photo)** | | | | |
| STATE |  | | | |
| EMPLOYER AADHAR NO. |  | | | |
| EMPLOYER’S NAME |  | | | |
| FATHER / HUSBAND’S NAME |  | | | |
| MOBILE NO. |  | | | |
| DESIGNATION |  | | | |
| **MANAGER / AGENT if any(with residential address)** | | | | |
| STATE |  | | | |
| AADHAR NO. |  | | | |
| NAME |  | | | |
| FATHER / HUSBAND’S NAME |  | | | |
| MOBILE NO. |  | | | |
| DESIGNATION |  | | | |
| **APPLICANT DETAILS** | | | | |
| Applicant Aadhaar No. |  | | | |
| Applicant Name |  | | | |
| Father / Husband Name |  | | | |
| District |  | | | |
| Mandal |  | | | |
| Village /Ward / Division |  | | | |
| Pin Code |  | | | |
| eMail Address |  | | | |
| Mobile No. |  | | | |
| Relationship with Estt. / Employer |  | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **A.P. Shops & Estt. Act.** | | | | | | |
| Category of Establishment |  | | | | | |
| Date of Commencement of Business |  | | | | | |
| Nature of Business |  | | | | | |
| Details of nature of other Business |  | | | | | |
| No. of Workers (enclose the List of employees) | **Male** |  | **Female** |  | **Total** |  |
| **MOTOR TRANSPORT WORKERS ACT.** | | | | | | |
| Category of Establishment |  | | | | | |
| Nature of Business |  | | | | | |
| No. of Vehicles |  | | | | | |
| Vehicle Nos. | Enclose the list of Vehicles with Registration Nos. | | | | | |
| No. of Workers (enclose the List of employees) | **Male** |  | **Female** |  | **Total** |  |
| **CONTRACT LABOUR ACT.** | | | | | | |
| Category of Establishment |  | | | | | |
| Nature of Business |  | | | | | |
| Date of Commencement of Business |  | | | | | |
| Probable date of Completion |  | | | | | |
| Date of Agreement |  | | | | | |
| No. of Workers (enclose the List of employees) | **Male** |  | **Female** |  | **Total** |  |
| **INTER-STATE MIGRANT WORKMEN ACT.** | | | | | | |
| Category of Establishment |  | | | | | |
| Nature of Business |  | | | | | |
| Date of Commencement of Business |  | | | | | |
| Probable date of Completion |  | | | | | |
| No. of Workers (enclose the List of employees) | **Male** |  | **Female** |  | **Total** |  |
| **BUILDING & OTHER CONSTRUCTION WORKERS ACT.** | | | | | | |
| Category of Establishment |  | | | | | |
| Nature of Construction |  | | | | | |
| Date of Commencement of Construction |  | | | | | |
| Probable date of Completion |  | | | | | |
| Estimated Cost of Construction |  | | | | | |
| Constructed area (plinth area in Sq. Mts) |  | | | | | |
| Basis for estimation |  | | | | | |
| Plan Approval No. |  | | | | | |
| No. of Workers | **Male** |  | **Female** |  | **Total** |  |



APPLICATION FOR INTEGRATED REGISTRATION OF ESTABLISHMENT UNDER LABOUR LAWS

(Second Schedule (Sec. 2(d) & Sec. 4(1)

**FORM –A**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **REGISTRATION / LICENSE REQUIRED UNDER (Specify with Tick Mark**) | | | | | | | | | |
| 1. A.P Shops & Establishments Act | |  | | 1. Motor Transport Workers Act. | | | | |  |
| 1. Contract Labour Act | |  | | 1. Inter-state Migrant Workmen Act | | | | |  |
| 1. Building & Other Construction Workers Act | |  | | 1. Payment of Gratuity Act | | | | |  |
| **A.P. Shops & Estt. Act.** | | | | | | | | | |
| Category of Establishment |  | | | | | | | | |
| Date of Commencement of Business |  | | | | | | | | |
| Nature of Business |  | | | | | | | | |
| Details of nature of other Business |  | | | | | | | | |
| No. of Workers (enclose the List of employees in excel format) | **Male** | |  | | **Female** |  | **Total** |  | |
| **MOTOR TRANSPORT WORKERS ACT.** | | | | | | | | | |
| Category of Establishment |  | | | | | | | | |
| Nature of Business |  | | | | | | | | |
| No. of Vehicles |  | | | | | | | | |
| Vehicle Nos. | Enclose the list of Vehicles with Registration Nos. | | | | | | | | |
| No. of Workers (enclose the List of employees in excel format) | **Male** | |  | | **Female** |  | **Total** |  | |
| **CONTRACT LABOUR ACT.** | | | | | | | | | |
| Category of Establishment |  | | | | | | | | |
| Nature of Business |  | | | | | | | | |
| Date of Commencement of Business |  | | | | | | | | |
| Probable date of Completion |  | | | | | | | | |
| Date of Agreement |  | | | | | | | | |
| No. of Workers (enclose the List of employees in excel format) | **Male** | |  | | **Female** |  | **Total** |  | |
| **INTER-STATE MIGRANT WORKMEN ACT.** | | | | | | | | | |
| Category of Establishment |  | | | | | | | | |
| Nature of Business |  | | | | | | | | |
| Date of Commencement of Business |  | | | | | | | | |
| Probable date of Completion |  | | | | | | | | |
| No. of Workers (enclose the List of employees in excel format) | **Male** | |  | | **Female** |  | **Total** |  | |
| **BUILDING & OTHER CONSTRUCTION WORKERS ACT.** | | | | | | | | | |
| Category of Establishment |  | | | | | | | | |
| Nature of Construction |  | | | | | | | | |
| Date of Commencement of Construction |  | | | | | | | | |
| Probable date of Completion |  | | | | | | | | |
| Estimated Cost of Construction |  | | | | | | | | |
| Constructed area (plinth area in Sq. Mts) |  | | | | | | | | |
| Basis for estimation |  | | | | | | | | |
| Plan Approval No. |  | | | | | | | | |
| No. of Workers | **Male** | |  | | **Female** |  | **Total** |  | |

|  |  |
| --- | --- |
| **ESTABLISHMENT DETAILS** | |
| Name of the Shop / Establishment |  |
| Classification of Establishment |  |
| Street / Door No. |  |
| Locality |  |
| District |  |
| Mandal |  |
| Village /Ward / Division |  |
| Pin Code |  |
| Mobile No. |  |
| eMail Address |  |
| **EMPLOYER DETAILS (Enclose Passport size Photo)** | |
| STATE |  |
| EMPLOYER AADHAR NO. |  |
| EMPLOYER’S NAME |  |
| FATHER / HUSBAND’S NAME |  |
| MOBILE NO. |  |
| DESIGNATION |  |
| **MANAGER / AGENT if any(with residential address)** | |
| STATE |  |
| AADHAR NO. |  |
| NAME |  |
| FATHER / HUSBAND’S NAME |  |
| MOBILE NO. |  |
| DESIGNATION |  |
| **APPLICANT DETAILS** | |
| Applicant Aadhaar No. |  |
| Applicant Name |  |
| Father / Husband Name |  |
| District |  |
| Mandal |  |
| Village /Ward / Division |  |
| Pin Code |  |
| eMail Address |  |
| Mobile No. |  |
| Relationship with Estt. / Employer |  |

I hereby declare that the above information is true to the best of my knowledge and belief. I have not suppressed any material information. If any of the above information is found to be not correct or any material information is not furnished, I am liable for other legal consequences besides the cancellation of the Certificate of Registration.

Signature

Note: List of Employees in Excel Format with the following details shall be enclosed.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Sl. No. | Act applicable | | Employee Name | | | Gender | | State | District | | | Mandal / Taluk | Village / Block | | Desig-nation | Working Since |
| 1 | 2 | | 3 | | | 4 | | 5 | 6 | | | 7 | 8 | | 9 | 10 |
| Aadhaar No. | | Mobile No. | | Bank A/c. No. | Bank Name | | Branch Name | | | IFSC Code | Category | | |
| 11 | | 12 | | 13 | 14 | | 15 | | | 16 | 17 | | |