

PROFORMA No.1

(Self certification for IT based Industries, IT enabled services, Bio–Technology establishments, Exports Oriented Units and Units in Export Processing Zones under the Factories Act, 1948 and Kerala Factories Rules, 1957 for the calendar year.....)

1. Name & address of the Factory :
(with building No., Telephone Nos. & PIN Code)

2. Registration/ Licence No. under the Factories :
Act, 1948

3. Name (s) & address of the occupier (s) with :
residential address (es) (please specify the
Telephone No.)

4. Nature of manufacturing process carried on :

5. Total number of workers employed :
 - a) Permanent
Male
Female
Total
 - b) Temporary
Male
Female
Total
 - c) Others if any (Specify)
Male
Female
Total

DECLARATION

All the information furnished above are true and correct to the best of my/our knowledge, belief and information.

Signature of Occupier
Name:
Designation:
Date:

Signature of Manager
Name:
Designation:
Date:

Office Seal:

Office Seal:

CERTIFICATE

1. Certified that I/ We have complied I am/ are complying with all the statutory requirements under the Factories Act, 1948 and the Kerala Factories Rules, 1957 to the extent applicable to the factory.

2. I/We am/are the authorized person/s to issue this certificate and this is issued with full knowledge of the legal liabilities under this Act and Rules. I am/we are jointly and severally liable for any information found incorrect subsequently and liable for prosecution under this Act and Rules made there under.

Signature of Occupier
Name:
Designation:
Date:

Signature of Manager
Name:
Designation:
Date:

Office Seal:

Office Seal:

(If more than one Occupier, all of them shall invariably sign and enter their details)

Submitted to:

The Inspector of Factories and Boilers/
Additional Inspector of Factories

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.....

Copy to:

The Regional Joint Director of Factories & Boilers,

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FOR OFFICE USE

Date of receipt of the proforma in the office of the Authority

Remarks of the Authority if any,

Office Seal:

Signature:
Name & Address of the Authority

Place:

Date:

PROFORMA No. II

(Self certification for IT based Industries, IT enabled services, Bio-Technology establishments, Exports Oriented Units and Units in Export Processing Zones under the Maternity Act, 1961 and Kerala Maternity Benefit Rules, 1964 for the Calendar year)

1. Name & address of the Factory/Establishment :
(with building No., Telephone Nos. & PIN Code)

2. Registration/ Licence No. under the Factories :
Act, 1948 or the Kerala Shops and Commercial
Establishments Act, 1960.

3. Name (s) & address of the employer (s) with :
residential address (es) (please specify the
Telephone No.)

4. Nature of service/commercial/industrial/ :
manufacturing process carried on

5. Total number of workers employed :
 - a) Permanent
 - Male
 - Female
 - Total
 - b) Temporary
 - Male
 - Female
 - Total
 - c) Others if any (Specify)
 - Male
 - Female
 - Total

DECLARATION

All the information furnished above are true and correct to the best of my/our knowledge, belief and information.

Signature of Employer
Name:
Designation:
Date:

Signature of Manager
Name:
Designation:
Date:

Office Seal:

Office Seal:

CERTIFICATE

1. Certified that I/ We have complied am/ are complying with all the statutory requirements under the Maternity Benefit Act, 1961 and the Kerala Maternity Benefit Rules, 1964 to the extent applicable to the Establishment.

2. I/We am/are the authorized person/s to issue this certificate and this is issued with full knowledge of the legal liabilities under this Act and Rules. I am/we are jointly and severally liable for any information found incorrect subsequently and liable for prosecution under this Act and Rules made there under.

Signature of Employer
Name:
Designation:
Date:

Signature of Manager
Name:
Designation:
Date:

Office Seal:

Office Seal:

(If more than one Employer, all of them shall sign and enter their details).

Submitted to:

- 1. The Inspector of Factories and Boilers/
Additional Inspector of Factories/
Assistant Labour Officer/
.....

Copy to: The Regional Joint Director of Factories & Boilers/
District Labour Officer (E)
.....

FOR OFFICE USE

Date of receipt of the proforma in the office of the Authority

Remarks of the Authority if any,

Office Seal:

Signature:
Name & Address of the Authority

Place:

Date:

PROFORMA No. III

(Self certification for IT based Industries, IT enabled services, Bio-Technology establishments, Exports Oriented Units and Units in Export Processing Zones under the Contract Labour (Regulation and Abolition) Act, 1970 and Kerala Contract Labour (Regulation and Abolition) Rules, 1974 for the Calendar year)

1. Name & address of the Factory/Establishment :
(with building No., Telephone Nos. & PIN Code)

2. Registration/ Licence No. under the Factories :
Act, 1948 or the Kerala Shops and Commercial
Establishments Act, 1960.

3. Registration No. of the establishment under the :
Contract Labour (Regulation & Abolition) Act, 1970

4. No. of Contractors engaged and the maximum :
number of Contract Labourers engaged by each
Contractor.
 - a) Name of the Contractors
 - b) No. of Contract labourers engaged

Male
Female
Total

5. Name of the employment/s work in which :
Contract labour are engaged

6. Name (s) and address (es) of the Principal :
employer (s) with residential address
(Please specify the Telephone number)

7. Nature of manufacturing process/ commercial :
services/industrial activities carried on

8. Total number of workers employed :

- a. Permanent
 - Male
 - Female
 - Total
- b. Temporary
 - Male
 - Female
 - Total
- c. Others if any (Specify)
 - Male
 - Female
 - Total

DECLARATION

All the information furnished above are true and correct to the best of my/our knowledge, belief and information.

Signature of the Principal Employer

Name:

Designation:

Date:

Office Seal:

Signature of Manager

Name:

Designation:

Date:

Office Seal:

CERTIFICATE

1. Certified that I/ We have complied am/ are complying with all the statutory requirements under the Contract Labour (Regulation and Abolition) Act, 1970 and Kerala Contract Labour (Regulation and Abolition) Rules, 1974 to the extent applicable to the Factory/ Establishment.

2. I/We am/are the authorized person/s to issue this certificate and this is issued with full knowledge of the legal liabilities under this Act and Rules. I am/we are jointly

and severally liable for any information found incorrect subsequently and liable for prosecution under this Act and Rules made there under.

Signature of Principal Employer

Name:

Designation:

Date:

Signature of Manager

Name:

Designation:

Date:

Office Seal:

Office Seal:

(If more than one Principal Employer, all of them shall sign and enter their details).

Submitted to:

- 1. The Inspector of Factories and Boilers /
Additional Inspector of Factories /
Assistant Labour Officer /

.....

Copy to: The Regional Joint Director of Factories & Boilers /
District Labour Officer (Enforcement)

.....

FOR OFFICE USE

Date of receipt of the proforma in the office of the Authority

Remarks of the Authority if any,

Office Seal:

Signature:

Name & Address of the Authority

Place:

Date:

PROFORMA No. IV

(Self certification for IT based Industries, IT enabled services, Bio-Technology establishments, Exports Oriented Units and Units in Export Processing Zones under the Kerala Shops and Commercial Establishments Act, 1960 and the Kerala Shops and Commercial Establishments Rules, 1961 for the Calendar year)

1. Name & address of the Establishment :
(with building No., Telephone Nos. & PIN Code)

2. Registration No. under the Kerala Shops and :
and Commercial Establishments Act, 1960.

3. Name (s) and address (es) of the employer (s) with :
residential address (Please specify the Telephone number)

4. Nature of commercial/ Industrial activities :
carried on

5. Total number of workers employed :
 - a) Permanent
 - Male
 - Female
 - Total
 - b) Temporary
 - Male
 - Female
 - Total
 - c) Others if any (Specify)
 - Male
 - Female
 - Total

Copy to: District Labour Officer (Enforcement)
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FOR OFFICE USE

Date of receipt of the proforma in the office of the Authority

Remarks of the Authority if any,

Office Seal:

Signature:
Name & Address of the Authority

Place:

Date:

PROFORMA No. V

(Self certification for IT based Industries, IT enabled services, Bio-Technology establishments, Exports Oriented Units and Units in Export Processing Zones under the Kerala Casual, Temporary, Badli Workers (Wages) Act, 1989 and the Kerala Casual, Temporary, Badli Workers (Wages) Rules 1993 for the Calendar year)

1. Name & address of the Factory/ Establishment :
(with building No., Telephone Nos. & PIN Code)

2. Registration/ License No. under the Factories Act, :
1948 or Kerala Shops and Commercial Establishments
Act, 1960.

3. Name (s) and address (es) of the employer (s) with :
residential address (Please specify the Telephone no.)

4. Nature of manufacturing process/commercial/ :
Industrial activities carried on

5. Total number of workers employed :
 - a) Permanent
 - Male
 - Female
 - Total
 - b) Casual
 - Male
 - Female
 - Total
 - c) Temporary
 - Male
 - Female
 - Total

- d) Badli
 Male
 Female
 Total

DECLARATION

All the information furnished above are true and correct to the best of my/our knowledge, belief and information.

Signature of the Employer

Name:

Designation:

Date:

Office Seal:

Signature of Manager

Name:

Designation:

Date:

Office Seal:

CERTIFICATE

1. Certified that I/ We have complied am/ are complying with all the statutory requirements under the Kerala Casual, Temporary, Badli Workers (Wages) Act, 1989 and the Kerala Casual, Temporary, Badli Workers (Wages) Rules 1993 to the extent applicable to the factory/ Establishment.

2. I/We am/are the authorized person/s to issue this certificate and this is issued with full knowledge of the legal liabilities under this Act and Rules. I am/we are jointly and severally liable for any information found incorrect subsequently and liable for prosecution under this Act and Rules made there under.

Signature of Employer

Name:

Designation:

Date:

Office Seal:

Signature of Manager

Name:

Designation:

Date:

Office Seal:

(If more than one Principal Employer, all of them shall sign and enter their details).

Submitted to:

Assistant Labour Officer/
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Copy to: District Labour Officer (Enforcement)
.....

FOR OFFICE USE

Date of receipt of the proforma in the office of the Authority

Remarks of the Authority if any,

Office Seal:

Signature:
Name & Address of the Authority

Place:

Date:

PROFORMA No. VI

(Self certification for IT based Industries, IT enabled services, Bio-Technology establishments, Exports Oriented Units and Units in Export Processing Zones under the Kerala Industrial Establishments (National and Festival Holidays) Act, 1958 and the Kerala Industrial Establishments (National and Festival Holidays) Rules 1959 for the Calendar year)

1. Name & address of the Factory/ Establishment :
(with building No., Telephone Nos. & PIN Code)

2. Registration/ License No. under the Factories Act, :
1948 or Kerala Shops and Commercial Establishments
Act, 1960.

3. Name (s) and address (es) of the employer (s) with :
residential address (Please specify the Telephone no.)

4. Nature of manufacturing process/commercial/ :
Industrial activities carried on

5. Total number of workers employed :

- a) Permanent
 - Male
 - Female
 - Total

- b) Temporary
 - Male
 - Female
 - Total

- c) Others if any (Specify)
 - Male
 - Female
 - Total

DECLARATION

All the information furnished above are true and correct to the best of my/our knowledge, belief and information.

Signature of the Employer

Name:

Designation:

Date:

Office Seal:

Signature of Manager

Name:

Designation:

Date:

Office Seal:

CERTIFICATE

1. Certified that I/ We have complied am/ are complying with all the statutory requirements under the Kerala Industrial Establishments (National and Festival Holidays) Act, 1958 and the Kerala Industrial Establishments (National and Festival Holidays) Rules 1959 to the extent applicable to the factory/ Establishment.

2. I/We am/are the authorized person/s to issue this certificate and this is issued with full knowledge of the legal liabilities under this Act and Rules. I am/we are jointly and severally liable for any information found incorrect subsequently and liable for prosecution under this Act and Rules made there under.

Signature of Employer

Name:

Designation:

Date:

Office Seal:

Signature of Manager

Name:

Designation:

Date:

Office Seal:

(If more than one Principal Employer, all of them shall sign and enter their details).

Submitted to:

Assistant Labour Officer/
.....

Copy to: District Labour Officer (Enforcement)
.....

FOR OFFICE USE

Date of receipt of the proforma in the office of the Authority

Remarks of the Authority if any,

Office Seal:

Signature:
Name & Address of the Authority

Place:

Date:

PROFORMA No. VII

(Self certification for IT based Industries, IT enabled services, Bio-Technology establishments, Exports Oriented Units and Units in Export Processing Zones under the Payment of Wages Act, 1936 and the Kerala Payment of Wages Rules, 1958 for the Calendar year)

1. Name & address of the Factory/ Establishment :
(with building No., Telephone Nos. & PIN Code)

2. Registration/ License No. under the Factories Act, :
1948 or Kerala Shops and Commercial Establishments
Act, 1960.

3. Name (s) and address (es) of the employer (s) with :
residential address (Please specify the Telephone no.)

4. Nature of manufacturing process/commercial/ :
Industrial activities carried on

5. Present wage period (if different wage periods :
are observed for different categories that shall
be specified)

6. Date of payment of wages :
(if different dates are fixed that shall be specified)

7. Total number of workers employed :

- a) Permanent
 - Male
 - Female
 - Total

- b) Temporary
 - Male
 - Female

Total
c) Others if any (Specify)

Male
Female
Total

DECLARATION

All the information furnished above are true and correct to the best of my/our knowledge, belief and information.

Signature of the Employer
Name:
Designation:
Date:

Signature of Manager
Name:
Designation:
Date:

Office Seal:

Office Seal:

CERTIFICATE

1. Certified that I/ We have complied am/ are complying with all the statutory requirements under the Payment of Wages Act, 1936 and the Kerala Payment of Wages Rules, 1958 to the extent applicable to the factory/ Establishment.

2. I/We am/are the authorized person/s to issue this certificate and this is issued with full knowledge of the legal liabilities under this Act and Rules. I am/we are jointly and severally liable for any information found incorrect subsequently and liable for prosecution under this Act and Rules made there under.

Signature of Employer
Name:
Designation:
Date:

Signature of Manager
Name:
Designation:
Date:

Office Seal:

Office Seal:

(If more than one Principal Employer, all of them shall sign and enter their details).

Submitted to:

1. The Inspector of Factories and Boilers/
Additional Inspector of Factories/
Assistant Labour Officer/
.....

Copy to: The Regional Joint Director of Factories & Boilers/
District Labour Officer (Enforcement)
.....

FOR OFFICE USE

Date of receipt of the proforma in the office of the Authority

Remarks of the Authority if any,

Office Seal:

Signature:
Name & Address of the Authority

Place:

Date:

PROFORMA No. VIII

(Self certification for IT based Industries, IT enabled services, Bio-Technology establishments, Exports Oriented Units and Units in Export Processing Zones under the Minimum Wages Act, 1948 and the Kerala Minimum Wages Rules, 1958 for the Calendar year)

1. Name & address of the Factory/ Establishment :
(with building No., Telephone Nos. & PIN Code)

2. Registration/ License No. under the Factories Act, :
1948 or Kerala Shops and Commercial Establishments
Act, 1960.

3. Name (s) and address (es) of the employer (s) with :
residential address (Please specify the Telephone no.)

4. Nature of manufacturing process/commercial/ :
Industrial activities carried on

5. Total number of workers employed :
 - a) Permanent
 - Male
 - Female
 - Total
 - b) Temporary
 - Male
 - Female
 - Total
 - c) Others if any (Specify)
 - Male
 - Female
 - Total

DECLARATION

All the information furnished above are true and correct to the best of my/our knowledge, belief and information.

Signature of the Employer

Name:

Designation:

Date:

Office Seal:

Signature of Manager

Name:

Designation:

Date:

Office Seal:

CERTIFICATE

1. Certified that I/ We have complied am/ are complying with all the statutory requirements under the Minimum Wages Act, 1948 and the Kerala Minimum Wages Rules, 1958 to the extent applicable to the factory/ Establishment.

2. I/We am/are the authorized person/s to issue this certificate and this is issued with full knowledge of the legal liabilities under this Act and Rules. I am/we are jointly and severally liable for any information found incorrect subsequently and liable for prosecution under this Act and Rules made there under.

Signature of Employer

Name:

Designation:

Date:

Office Seal:

Signature of Manager

Name:

Designation:

Date:

Office Seal:

(If more than one Principal Employer, all of them shall sign and enter their details).

Submitted to:

Assistant Labour Officer/
.....

Copy to: Regional Joint Director of Factories & Boilers/
District Labour Officer (Enforcement)
.....

FOR OFFICE USE

Date of receipt of the proforma in the office of the Authority

Remarks of the Authority if any,

Office Seal:

Signature:
Name & Address of the Authority

Place:

Date: