

A certificate of registration containing the following particulars is hereby granted under clause (a) of sub-section (2) of Section 4 of the Inter-State Migrant Workmen (Regulation of Employment and Conditions of Service) Act, 1979 and the rules made thereunder to .....

1. Nature of work carried on in the establishment
2. Names and addresses of contractors
3. Nature of work for which migrant workmen are to be employed or are employed
4. Maximum number of migrant workmen to be employed or are employed
3. Other particulars relevant to the employment or migrant workmen
  - (i)
  - (ii)

Signature of Registering  
Officer with seal.

### FORM III

[See Rule 4(2)]

#### Register of Establishments

Sl. No.	Registration No. and Date	Name and address of the establishment registered	Name of the principal Employer and his address	Type of business, trade, industry, manufacture or occupation, which is carried on in the establishment	Maximum No. of migrant workmen directly employed on any day
1	2	3	4	5	6

#### Particulars of Contractor and inter-State Migrant Workmen

Name and address of contractor	Nature of work for which migrant workmen are to be recruited or are employed	Maximum No. of migrant workmen employed on any day through a contractor	Probable duration of employment of migrant workmen	Remarks
7	8	9	10	11

**FORM IV**  
(See Rule 7(1))**Application for Licence for recruitment**

1. Name and address of the contractor (including his Father's/Husband's name in case of individuals)
2. Date of birth and age (in case of individuals)
3. Particulars of establishment where migrant workmen are to be employed.—
  - (a) Name and address of the establishment
  - (b) Type of business, trade, industry, manufacture or occupation which is carried on in the establishment
  - (c) Number and date of certificate of registration of the establishment under the Act
  - (d) Name and address of the principal employer
4. Particulars of migrant workmen.—
  - (a) Nature of work in which migrant workmen are employed or are to be employed in the establishment
  - (b) Duration of the proposed contract work (give particulars of proposed date of commencing and ending)
  - (c) Name and address of the agent or manager of the contractor as the work side
  - (d) Maximum number of migrant workmen proposed to be employed in the establishment on any date
  - (e) Names and addresses of the Directors/Partners (in case of companies and firms)
  - (f) Name(s) and address(s) of the person(s) in-charge of and responsible to the company/firm for the conduct of the business of the company firm as the case may be
5. Whether the contractor was convicted of any offence within the proceeding five years. If so, give details
6. Whether there was any order against the contractor revoking or suspending licence or forfeiting security deposits in respect of an earlier contract. If so, the date of such order

7. Whether the contractor has worked in any other establishment within the past five years. If so give details of the principal employer, establishment, and nature of work
8. Whether a certificate by the principal employer in Form V is enclosed
9. Amount of licence fee paid No. of crossed demand draft and date
10. Amount of security deposits, if any.

**Declaration.**—I hereby declare that the details given above are correct to the best of my knowledge and belief.

Place:

Signature of the applicant

Date:

(Contractor).

**Note.**—The application should be accompanied by a crossed demand draft showing the payment of the prescribed licence fee and security deposits, if any, and a certificate in Form V from the principal Employer.

(to be filled in the office of the Licensing Officer).

Date of receipt of the application with crossed demand draft for fees.

Signature of the Licensing Officer.

### FORM V

[See Rule 7(2)]

#### Application for Licence for Employment

1. Name and address of the contractors (including his father's/Husband's name in case of individual)
2. Date of birth and age (in case of individual)
3. Particulars of establishment where migrant workmen are to be employed.—
  - (a) Name and address of the establishment
  - (b) Type of business, trade, industry, manufacture or occupation which is carried on in the establishment
  - (c) Number and date of certificate of registration of the establishment under the Act
  - (d) Name and address of the principal employer
4. Particulars of migrant workmen
  - (a) Nature of work in which migrant workmen are employed or are to be employed in the establishment

- (b) Duration of the proposed contract work (give particulars of proposed date of commencing and ending)
  - (c) Name and address of the agent or manager of the contractor at the work side
  - (d) Maximum number of migrant workmen proposed to be employed in the establishment in any date
  - (e) Names and addresses of the directors/partners (in case of companies and firms)
  - (f) Name(s) and address(s) of the person(s) in-charge of and responsible to the company/firm for the conduct of the business of the Company/Firm as the case may be
5. Whether the contractor was convicted of any offence within the proceeding five years. If so give details
  6. Whether there was any order against the contractor revoking or suspending licence or forfeiting security deposits in respect of an earlier contract. If so, the date of such order
  7. Whether contractor has worked in any other establishment within the past five years, if so, give details of the principal employer establishment and Nature of work
  8. Whether a certificate by the principal employer in Form V is enclosed
  9. Amount of licence fee paid No. of Challan crossed demand draft and date
  10. Amount of security deposit if any

Declaration.—I hereby declare that the details given above are correct to the best of my knowledge and belief.

Signature of the applicant.  
(Contractor).

#### FORM VI

[See Rule 7(3)]

##### Form of Certificate by principal employer

Certified that I have engaged the applicant (name of the contractors) as a contractor in my establishment. I undertake to be bound all the provisions of the inter-State Migrant Workmen (Regulation of Employment and Conditions of Service) Act, 1979 and the inter-State Migrant Workmen (Regulation of Employment and Conditions of Service) (Karnataka) Rules, 1981 insofar as the

provisions are applicable to me in respect of the employment of migrant workmen by the applicant in my establishment.

Place:

Date:

Signature of principal employer.

Name and address of  
Establishment.

### FORM VII

[See Rule 10(2)]

#### Application for adjustment of Security Deposit

Name and address of the Contractor	No. and date of application for fresh licence	Date of expiry of previous licence	Whether the previous licence of the contractor was subject or revoked
1	2	3	4

No. & date of the crossed demand draft of security deposits in respect of the previous licence	Amount of previous security deposits	Amount of security deposits for the fresh licence	No. and date of crossed demand draft of the balance security deposit deposited with the fresh application
5	6	7	8

No. and date of certificate of registration of the establishment in relation to which the fresh licence is applied for	Name and addresses of the principal employer	Particulars of fresh application	Remarks
9	10	11	12

Signature of the applicant.

**FORM VIII**  
[See Rule 11(1)]

**GOVERNMENT OF INDIA**

Office of Licensing Officer

Licence No. .... Dated ..... Fee paid Rs. ....

**LICENCE**

Licence is hereby grant to ..... under Section 8(1) of the Inter-State Migrant Workman (Regulation of Employment and Conditions of Service) Act, 1979, subject to the conditions specified in the Annexure.

2. This licence is for doing the work of (Nature of work to be indicated) in the establishment of (Name of principal employer to be indicated) at (place of work to be indicated).

3. The licence shall remain in force till (date to be indicated).

4. The maximum No. of workmen that can be employed in the establishment on any date.

**ANNEXURE**

The licence is subject to the following conditions.—

1. The licence shall be non-transferable.

2. The number of workmen employed as migrant workmen in the establishment shall not, on any day exceed the maximum number specified in the application for licence.

3. Save as provided in these rules the fees paid for the grant, or as the case may be, for renewal of licence shall be non-refundable.

4. The rates of wages payable to the migrant workmen by the contractor shall not be less than the rates prescribed under the Minimum Wages Act, 1948, for such employment where applicable and where the rates have been fixed by agreement, settlement, or award, not less than the rates so fixed.

5. (a) In cases where the migrant workmen employed by the contractor perform the same or similar kind of work as the workmen directly employed by the principal employer of the establishment, the wage, rates, holidays, hours of work and other conditions of service of the migrant workmen of the contractor shall be the same as applicable to the workmen directly employed by the principal employer of the establishment on the same or similar kind of work;

Provided that in the case of any disagreement with regard to the type of work, the same shall be decided by the Deputy Labour Commissioner whose decision shall be final.

(b) In other cases the wage rates, holidays, hours of work and conditions of service of the migrant workmen of the contractor shall be such as prescribed in these rules.

6. Every migrant workman shall be entitled to allowances, benefits, facilities, etc., as prescribed in the Act and these Rules.

7. No of female migrant workman shall be employed by any contractor before 6 a.m. or after 7 p.m.:

Provided that this clause shall not apply to the employment of female migrant workman in pit head baths, creches and canteens and as midwives and nurses in hospitals and dispensaries.

8. The contractor shall notify any change in the number of migrant workmen or the conditions of work to the Licensing Officer.

9. The contractor shall comply with all the provisions of the Act and these Rules.

10. A copy of the licence shall be displayed prominently at the premises where the migrant workmen are employed.

### RENEWAL

[See Rule 14]

Date of renewal	Fee paid for renewal	Date of expiry
1.		
2.		
3.		

Date

Signature and Seal of the  
Licensing Officer.

### FORM IX

[See Rule 14(2)]

#### Application for Renewal of Licence

1. Name and address of the contractor : .....
2. Number and date of the licence : .....
3. Date of expiry of the previous licence : .....
4. Whether the licence of the contractor was suspended or revoked : .....
5. Number and date of the crossed demand draft enclosed : .....

Signature of the Applicant.

Place:

Date:

(To be filled in the Office of the Licensing Officer)

(Date of receipt of the application with crossed demand draft No. and date)

Signature of the Licensing Officer.

**FORM X***[See Rule 21]*

(Form in which to furnish particulars in respect of recruitment and employment of migrant workman/workmen as prescribed under sub-rule (1) of Rule 21 to the authorities specified under the explanation below sub-section (2) of Section 126 Inter-State Migrant Workmen (Regulation of Employment and Conditions of Services) Act, 1979)

1. Name and address of the Contractor .....
2. Name and address of the sub-contractor through whom recruitment has been made .....
3. Name and address of the establishment .....
4. Name and address of the principal employer .....
5. Name of the State in which the place of work is located .....
6. Name of the State in which recruitment was made .....

Sl. No.	Name of migrant workman	Father's/Husband's name	Sex	Age	Permanent home address
1	2	3	4	5	6

Name and address of the next of kin of the migrant workman	Place and address of residence in the home state	Amount of displacement allowance paid	Amount of ward journey allowance	Amount of wages for out ward journey period paid	Nature of job required to be performed
7	8	9	10	11	12

Date of recruitment	Date of employment	Details of rates of wages and other allowances payable	Period of contract of employment	Details of other service conditions	Remarks
13	14	15	16	17	18

Signature of Contractor or his authorised representative.

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## FORM XI

[See Rule 24]

(Return to be sent by the Contractor to the authorities specified under explanation below sub-section (2) of Section 12 of the Inter-State Migrant Workmen (Regulation of Employment and Conditions of Service) Act, 1979)

1. Name and address of the Contractor .....
2. Name and address of the sub-contractors through whom recruitment has been made .....
3. Name and address of the establishment .....
4. Name and address of the principal employer .....
5. Name of the State in which the place as work is located .....
6. Name of the State in which recruitment was made .....

Sl. No.	Name of migrant workman	Father's/Husband's name	Sex	Designation	Age	Permanent home address indicating the State
1	2	3	4	5	6	7

Place and address of residence in home State	Date of Employment	Date on which ceased to be employed	Total work	Details of rates of wages and other allowances paid	Amount of displacement allowance paid	Amount of outward journey allowance and wages for outward journey paid.
8	9	10	11	12	13	14

Amount of return journey allowance and wages for return journey paid	Total wages paid	Details of compensation and other allowance	Amount of deductions, if any	Amount of advance, if any paid	Amount of advance, if any recovered
15	16	17	18	19	20

Submitted to

(1) .....

(Specified authority in the State in which migrant workman/  
workmen is/are employed)

(2) .....

(Specified authority in the State from which the migrant workman/  
workmen has/have been recruited. Copy forwarded to.....  
(The principal employer)Signature of the Contractor or  
his authorised representative

Dated:

Note.— In case where migrant workmen concerned have been recruited from more than one States separate returns shall be submitted in respect of each such State.

**FORM XII***[See Rule 42]***(Register of Contractors)**

(1) Name and address of the principal employer .....

(2) Name and address of the establishment .....

Name and address of contractor	Nature of work on contract	Location of work contract	Period of contract		Maximum No. of migrant workmen employed by contractor
			From	To	
1	2	3	4	5	6

**DECLARATION**

I/We hereby declared that all wages, other dues including displacement allowance, outward return journey allowances and wages for journeys periods payable to migrant workmen/workmen/names above and employed by me/us have been paid by me/us to him/them.

Place:

Signature of the Contractor or his  
authorised representative

Date:

Submitted to

1. ....

(Specified authority in the State in which migrant workman/  
workmen is/are employed)

2. ....

(Specified authority in the State from which the migrant workman/  
workmen has/have been recruited)

Copy forwarded to

.....  
(The principal employer)Signature of the Contractor or his  
authorised representative.

Date.....

**Note.—** In case where migrant workmen concerned have recruited from  
one State separate returns shall be submitted in respect of each  
such State.**FORM XIII**

[See Rule 43]

**Registrar of Workmen Employed by Contractor**

Name and address of Contractor : .....

Name and address of  
establishment in/under which  
migrant workmen employed : .....Name and address of Principal  
Employer : .....

Sl. No.	Name and surname of migrant workman	Age and Sex	Father's/Husband's name
1	2	3	4

Nature of employment/ designation	Permanent Home Address of Migrant workmen (village and tehsil/taluk and district)	Local address	Date commencement of employment
5	6	7	8

Signature of thumb impression of migrant workman	Date of termination of employment	Reasons for termination	Remarks
9	10	11	12

Signature of Contractor or his authorised representative.

### FORM XIV

[See Rule 44]

#### Service Certificate

Name and address of Contractor : .....

Name and location of work : .....

Name and address of the migrant workmen : .....

Age and date of birth : .....

Identification Marks : .....

Father's/Husband's name : .....

Name and address of establishment in/under which migrant workman are employed : .....

Name and address of principal employer : .....

Sl. No.	Total period for which employed		Nature of work done	Rate of wages (with particulars of unit in case of piece work)	Remarks
	From	To			
1	2	3	4	5	6

Signature of Contractor or his authorised representative.

### FORM XV

[See Rule 45]

#### Displacement and outward journey allowance sheet

Name and address of the contractor : .....

Name and address of the principal employer ..... month and year : .....

Name and address of the establishment : .....

Sl. No.	Name of the migrant workman	Father's/Husband's name	Permanent home address indicating the State	Place and address of residence in the home State
1	2	3	4	5

Designation	Rate of wages	Wages payable in a month	Place of recruitment	Place of work with address indicating the State
6	7	8	9	10

Railway Station/bus stand nearest to the place of residence	Railway Station bus stand nearest to the place of work	Date and time of commencement of journey from the place of residence	Expected date and time of arrival at the place of work
11	12	13	14

Details of modes of journey from the place of residence in the home State to the place of work	Amounts of bus fare and/or second class train fare and/or the journey expenses separately as per the modes of journey indicated in Col. 15	Total of amounts indicated in Column No. 16	Amount of displacement allowance	Amount of outward journey period
15	16	17	18	19

Wages for outward journey period	Total amount paid	Date on which paid	Signature or thumb impression of the migrant workman	Actual date and time of arrival at the place of work
20	21	22	23	24

Balance wages in outwards journey if any payable	Date of payment of the balance wages indicated in Col. No. 25	Signature or thumb impression of the migrant workman	Remarks
25	26	27	28

**Note:**—Indicate separately different mode of journeys entries are to be made against each individual migrant workman.

Signature of the Contractor or his authorised Representative.

Date: .....

### FORM XVI

[See Rule 45(1)]

#### Return journey Allowance Register

Name and address of the Contractor : .....

Name and address of the Establishment ..... month and year : .....

Name and address of the Principal Employer : .....

Sl. No.	Name of the migrant workmen	Father's/Husband's name	Permanent home address indicating the State	Place and address of residence in the home State	Designation
1	2	3	4	5	6
Rate of wages	Place of work	Railway Station/bus stand nearest to the place of work	Railway station/bus stand nearest to the place of residence in the home State	Date and time of commencement of journey from the place of work	
7	8	9	10	11	



**FORM XVIII***{See Rule 46(2)(a)}***Register of Wages**

Name and address of Contractor : .....

Nature and Location of work : .....

Name and address of  
Establishment in/under which  
inter-State migrant workmen are  
employed : .....

Sl. No.	Name of inter-State migrant workman	Sl. No. in the Register of workmen	Designation/nature of work	No. of days worked	Units of work done
1	2	3	4	5	6

Daily rate of wages piece rate	Amount of wages earned			
	Basic wages	Dearness allowance	Overtime	Other cash payments (nature of payment to be indicated)
7	8	9	10	11

Total	Deduction, if any (indicate nature)	Not amount paid	Signature/Thumb impression of inter-State migrant workmen	Initials of Contractor of his authorised representative
12	13	14	15	16

**FORM XIX***{See Rule 46(2)(c)}***Register of Deductions for Damage or Loss**

Name and address of Contractor : .....

Name and Location of work : .....



Name and address of Establishment in/under which inter-State migrant workmen are employed : .....

Name and address of principal employer : .....

Sl. No.	Name of inter-State migrant workman	Father's/Husband's name	Designation/nature of employment	Particulars of damage or loss
1	2	3	4	5

Date of damage or loss	Whether inter-State migrant workmen showed cause against deduction	Name of persons in whose presence employees's explanation was heard	Amount of deduction imposed
6	7	8	9

No. of instalments	Date of recovery		Remarks
	First instalment	Last instalment	
10	11	12	13

### FORM XX

(See Rule 46(2)(c))

#### Register of Fines

Name and Address of Contractor : .....

Nature and Location of work : .....

Name and address of establishment in/under which inter-State migrant workmen are employed : .....

Name and Address of Principal Employer : .....

Sl. No.	Name of inter-State migrant workman	Father's/ Husband's name	Designation/ nature of employment	Act/Omission for which fine imposed	Date of offence
1	2	3	4	5	6

Whether inter-State migrant workman showed cause against fine	Name of person in whose presence employees's explanation was heard	Wage periods and wages payable	Amount of the imposed	Date of which fine realised	Remarks
7	8	9	10	11	12

FORM XXI

[See Rule 48(2)(c)]

**Register of Advances**

Name and Address of Contractor : .....

Nature and Location of work : .....

Name and address of establishment under which inter-State migrant workmen are employed : .....

Name and Address of Principal Employer : .....

Sl. No.	Name of inter-State migrant workman	Father's/ Husband's name	Nature of employment/ Designation	Wage period and wages payable	Date and amount of advance given
1	2	3	4	5	6

Purpose(s) for which advance made	No. of instalments by which advance to be repaid	Date and amount of each instalment repaid	Date of which last instalment was repaid	Remarks
7	8	9	10	11

## FORM XXII

[See Rule 46(2)(d)]

## Register of Overtime

Name and Address of Contractor : .....

Nature and Location of work : .....

Name and address of establishment under which inter-State migrant workmen are employed : .....

Name and Address of Principal Employer : .....

Sl. No.	Name of inter-State migrant workman	Father's/Husband's name	Sex	Designation/Nature of employment	Date on which overtime worked
1	2	3	4	5	6

Total overtime work or production in case of piece rated	Normal rates of wages	Overtime rate of wages	Overtime earnings	Date on which overtime wages paid	Remarks
7	8	9	10	11	12

## FORM XXIII

[See Rule 50(1)]

Return to be sent by the Contractor to the Licensing Officer.

Half-Year Ending .....

1. Name and address of the Contractor
2. Name and address of the Establishment
3. Name and address of the Principal Employer
4. Duration of contract : From .....  
To .....
5. No. of days during the half-year on which .....
  - (a) the establishment of the principal employer had worked .....
  - (b) the contractors establishment had worked .....
6. Maximum number of inter-State migrant workmen employed on any day during the half-year;
 

	Men	Women	Children	Total
7.(i) Daily hours of work and spread over				
- (ii) (a) Whether weekly holiday observed and on what day  
(b) If, so whether it was paid for
- (iii) No. of man-hours of overtime worked
8. Number of Mandays worked by:
 

	Men	Women	Children	Total
10. Amount of deductions from wages, if any:				

Note.—Wages shall not include wages for periods of outwards and return journeys.

- |  |     |       |          |       |
|--|-----|-------|----------|-------|
| 11. Amount of displacement allowance paid:           |     |       |          |       |
|  | Men | Women | Children | Total |
| 12. Amount of outward journey allowance paid:        |     |       |          |       |
|  | Men | Women | Children | Total |
| 13. Amount of wages for outward journey period paid: |     |       |          |       |
|  | Men | Women | Children | Total |
| 14. Amount of return journey allowance paid:         |     |       |          |       |
|  | Men | Women | Children | Total |
| 15. Amount of wages for return journeys period paid: |     |       |          |       |
|  | Men | Women | Children | Total |

16. Whether the following have been provided:

- (i) Residential accommodation;
- (ii) Protective clothing;
- (iii) Canteen;
- (iv) Rest room
- (v) Latrine and Urinals;
- (vi) Drinking Water;
- (vii) Creche;
- (viii) Medical facilities;
- (ix) First-aid

(If the answer is 'yes' State briefly nature/standards provided)

Place:

Date:

Signature of Contractor.

**FORM XXIV**

[See Rule 50(2)]

**Annual Return of Principal Employer to be sent to  
the Registering Officer**

Year ending 31st December .....

1. Full name and address of the Principal Employer.
2. Name of the establishment.—
  - (a) District;
  - (b) Postal Address;
  - (c) Nature of operation/industry/work carried on.
3. Full name of the Management or person responsible for supervision and control of the establishment
4. Number of contractors worked in the establishment during the year (Give details in Annexure)
5. Nature of work operations on which migrant workman was employed
6. Total number of days during the year on which migrant workman was employed
7. Total number of mandays worked for by migrant workman during the year
8. Maximum number of workmen employed directly on any day during the year

9. Total number of days during the year on which direct labour was employed
10. Total number of mandays worked by directly employed workmen
11. Change, if any in the management of the establishment, its location or any other particulars furnished to the Registering Officer in the application for Registration indicating also the dates.

Place:

Date:

Principal Employer.

## ANNEXURE TO FORM

Name and address of the contractor	Period of contract		Nature	Maximum No. of workers employed by each contractor	No. of days worked	No. of mandays worked
	From	To				
1	2	3	4	5	6	7

◆◆◆◆◆