

Basic Information Details Proforma for Factories/Shops/Commercial Establishments

Part-I

1. Name & Code of the Unit

2. Address of the Unit:

(Village/Town)_____ Tehsil_____ District_____

Phone Nos.(with STD Code)_____

Website of the unit_____ Email_____

3. GPS Co-ordinates of the Unit _____

4. Covered under (Tick Mark appropriate):

(i) Factories Act (ii) Shops & Commercial Establishment Act (iii) Industrial Dispute Act

5. Year of setting up _____

6. Status of Unit (Tick Mark appropriate) - (i) Working (ii) Closed

7. Name & Address of Occupier (MD/ Director/Partner/ Proprietor/CEO) _____

(Village/Town)_____ Tehsil_____ District_____

State_____

Phone Nos.(with STD Code)_____ Mobile No._____

Email_____

8. If the Manager of the Unit for the purpose of the Act is other than given in column 7, fill this Column.

Name_____ Designation_____

Address_____

(Village/Town)_____ Tehsil_____ District_____

State_____

Phone Nos.(with STD Code)_____ Mobile No._____

Email_____

9. Factory License No. under the Factories Act, if obtained _____

10. Registration Certificate No. for Contract Labour, if obtained _____

11. Approval of Factory Building Plan from C.I.F., Haryana:

(i) No. _____ (ii) Date _____

(iii) Plot area (sq. ft.) _____ (iv) Covered area (sq. ft.) _____

12. Addition /alteration made in the already approved plan / factory premises:-

(i) Plot area (sq. ft.) _____ (ii) Covered area (sq. ft.) _____

13. Maximum No. of Workers employed during the calendar year:-

(i) Regular _____ Contract _____ Staff _____

(ii) Total Men _____ Total Women _____

14. Maximum No. of Interstate Migrant Workers employed during the calendar year, if any _____

15. Maximum No. of Motor Transport workers employed during the calendar year, if any _____

16. Shift Timings

Shift Timing	General Shift		Ist Shift		IInd Shift		IIIrd Shift	
	From	To	From	To	From	To	From	To
Timing								
Rest Interval								

17. Closed Day, if any _____

18. Approx. annual turnover (lacs) _____

19. Approx. value of machinery (lacs) _____ 20. Power connected load (in KW) _____

21. Type of Unit (Choose from Code List. If other, specify) _____

22. Classification of the factory (please Tick mark), if covered under Factories Act:

Major Accident Hazards (MAH) Unit / Hazardous Unit / Partially Hazardous unit / Non Hazardous unit

23. Hazardous Materials used/produced/stored in the unit, if any

(i) _____

(ii) _____

(iii) _____

24. Category of the factory (please Tick mark), if covered under Factories Act:

Section 2 m (i)	Whereon ten or more workers are working, or were working on any day of the preceding twelve months, and in any part of which a manufacturing process is being carried on with the aid of power, or is ordinarily so carried on.
-----------------	---

Section 2 m (ii)	whereon twenty or more workers are working, or were working on any day of the preceding twelve months, and in any part of which a manufacturing process is being carried on without the aid of power, or is ordinarily so carried on.
Section 85	Under Section 85 of the Act, the state government has been vested with the powers to apply the Act to category of factory. The same is listed under Schedule of Rule 102. If the factory is covered under this, tick mark.

25. Name and circle of the Concerned Assistant Director IS&H in which the Unit is located:

26. Name and circle of Concerned Labour Inspector in which the Unit is located:

27. Name, Designation and Signature of the Officer filling the information with date:

Instructions:

- 1. Occupier should be Director/Partner/Proprietor/CEO.**
- 2. Factory Building plan should be approved from CIF.**
- 3. Proforma should be signed by the Occupier and Manager.**
- 4. The above information is primarily for the survey and not for checking statutory compliances.**
- 5. Survey is to be based on verbal information provided by the unit and no examination of records is to be carried out.**
- 6. The above said information is to be filled by the Departmental officer of the circle in the presence of the person in-charge of the Unit.**
- 7. If the whole information regarding Unit is not available, partial information may be taken.**
- 8. Please fill the appropriate columns.**
- 9. The above information may be filled up in respect of the existing factories as on 1.7.2009 and the new factories registered thereafter are also required to fill this proforma. For quarterly progress, the computerised details of factories will be made available to all the field offices and they only need to fill up few columns.**
- 10. Coding/Classification would be required in respect of the units, manufacturing process/Type of Unit. At the initial stages, the information could be descriptive so as to give a clear picture about the type of Unit. Thereafter, for each type of Unit, only Code No. would need to be given.**