



GOVERNMENT OF JAMMU & KASHMIR,  
LABOUR & EMPLOYMENT DEPARTMENT  
Civil Secretariat, Srinagar.

Notification

Srinagar, the 21<sup>st</sup> August, 2018

SRO 356 .- In exercise of the powers conferred by section 40 & section 62 of the Building and Other Construction Workers (Regulation of Employment & Conditions of Services) Act, 1996 (Central Act No. 27 of 1996); section 35 of the Contract Labour (Regulation & Abolition) Act, 1970 (Central Act No. 37); section 32 of the Employees' Compensation Act, 1923 (Central Act No VIII of 1923); section 53 of the J&K Shops and Establishments Act, 1966 (State Act No. XXXIX of 1966); sections 41, 50, 64, 83 & 112 of the Factories Act, 1948 (Central Act No. 63 of 1948); Section 38 of the Industrial Disputes Act, 1947 (Central Act No. 14 of 1947); sub-section (1) of section 35 of the Inter-state Migrant Workmen (Regulation of Employment & Conditions of Service) Act, 1979 (Central Act No. 30 of 1979); section 12 of the J&K Industrial Establishment (National & Festival) Holidays Act, 1974 (State Act No. XIII of 1974); section 28 of the Maternity Benefit Act, 1961 (Central Act No. LIII of 1961); section 30 of the Minimum Wages Act, 1948 (Central Act No. XI of 1948); section 40 of the Motor Transport Workers Act, 1961 (Central 27 of 1961); section 38 of the Payment of Bonus Act, 1965 (Central Act No. 21 of 1965); sub-section (1) of section 15 of the Payment of Gratuity Act, 1972 (Central Act No. 39 of 1972); and 26 of the Payment of Wages Act, 1936 (Central Act No. 4 of 1936), the Government of Jammu and Kashmir hereby intends to make following amendments, namely;

1. The returns to be filed by unit holders/owners/employers/occupiers, wherever, required under the rules framed in pursuance to aforesaid Acts, shall be substituted by the Single Combined, Consolidated Annual Return Form, forming annexure "A" to this notification.

2. Consequent upon this, the rules and related forms forming annexure "B" to this notification shall stand omitted from the respective rules.

Now, it is hereby notified that any person (s) who desire (s) to object to the aforementioned amendments, may submit his/her objections/suggestions, in writing for consideration to the Principal Secretary to the Government, Labour and Employment Department within a period of 30 days from the date of issuance of this notification.

**By order of the Government of Jammu and Kashmir.**

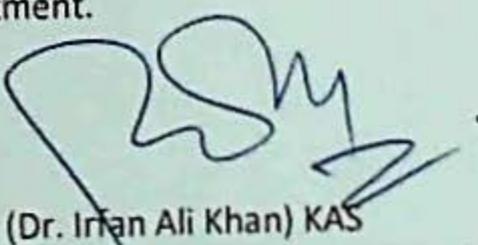
Sd/  
(Shailendra Kumar) IAS  
Principal Secretary to the Government

No. L&E/Lab/63/2017

Dated 21-08-2018

Copy to the:

1. Secretary to the Government of India, Ministry of Labour and Employment
2. Principal Secretary to the Governor.
3. All Administrative Secretaries to the Government.
4. Divisional Commissioner Jammu/Kashmir.
5. Secretary, Legislative assembly/Council.
6. All Deputy/District Development Commissioners.
7. All Heads of Departments/MDs.
8. Director Information for vide publicity through electronic and print media.
9. Labour Commissioner/Chief Inspector, J&K, Srinagar.
10. CEO/Secretary, J&K Building & Other Construction Workers Welfare Board.
11. General Manager, Government Press, Srinagar for publication in the next issue of the Government Gazette.
12. All Inspectors under Labour Acts.
13. Private Secretary to Advisor (K) to the Governor.
14. Private Secretary to the Chief Secretary, J&K, Srinagar.
15. Pvt. Secretary to Principal Secretary to Government, Labour and Employment Department.
16. I/c Website, Labour and Employment Department.
17. SRO file/stock file/Monday return (w.2.s.c).

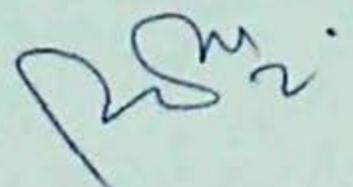
  
(Dr. Irfan Ali Khan) KAS  
Under Secretary to the Government

**A. Employer/Occupier/Owner Details:**

1. Name: \_\_\_\_\_
2. Father/ Husband Name: \_\_\_\_\_
3. Designation: Proprietor / Managing Partner / Managing Director / Executive Director / Director / Vice President / CEO
4. Address:  
Village/Mohalla: \_\_\_\_\_ Tehsil: \_\_\_\_\_  
District : \_\_\_\_\_ PIN Code: \_\_\_\_\_  
Mobile No: \_\_\_\_\_ Email Id: \_\_\_\_\_

**B. Establishment Details:**

1. Name: \_\_\_\_\_
2. Classification of Establishments: Proprietor Firm / Partnership Firm / Private Ltd Company / Public Sector Undertaking / Govt Department / Local Body
3. Date of Commencement of Business/work/Service: \_\_\_\_\_
4. Establishment Category: Shop / Establishment / Commercial Establishment / Motor Transport undertaking / Factory / Contract Labor (Principal employer) Establishment / Interstate migrant workmen (Principal Employer) Establishment / Contract Establishment (Contractor Establishment) / Others
5. Registration/ License No. (LIN): \_\_\_\_\_
6. TAN / PAN (Income Tax): \_\_\_\_\_
7. GST No: \_\_\_\_\_
8. EPFO No: \_\_\_\_\_
9. ESIC No: \_\_\_\_\_



Door/Building No: \_\_\_\_\_ Locality/Street \_\_\_\_\_  
 Village/Ward/Mohalla: \_\_\_\_\_ Tehsil: \_\_\_\_\_  
 District: \_\_\_\_\_ Pin Code: \_\_\_\_\_  
 Mobile No: \_\_\_\_\_ Email Id: \_\_\_\_\_

**C. Workers and Wages Details: 1.**

1 Category	2 No. of workers			3 Rates of wages	4 No. of Man days	5 Wages paid			6 Overtime hours			7 Overtime wages paid			8 Bonus paid	9 Advances paid	10 Deductions					11 Total wages paid Column (5+7+8+9) -- - 10		
	M	F	T			M	F	T	M	F	T	M	F	T			EPF	ESIC	Fine/ Damage/ Loss	Breach of contract	Others	M	F	T
	Highly Skilled																							
Skilled																								
Un-Skilled																								
Adm/Ministerial																								

2. No. of workers allowed to work overtime in the year: \_\_\_\_\_

3. No. of Workers Covered under EPF: \_\_\_\_\_

4. No. of Workers Covered Under ESIC: \_\_\_\_\_

5. Whether muster roll, wages register etc. maintained: Yes / No

6. Whether appointment letters/ Identity Cards issued: Yes / No

- D. Details of weekly off & other holidays:
1. No. of (National, Festival & other holidays) allowed: \_\_\_\_\_
  2. No. of workers worked on Holidays with amount of extra wages: \_\_\_\_\_
  3. No. of Compensatory holidays allowed: \_\_\_\_\_

**E. Leave Eligibility Details:**

1. No. of Earned Leaves Allowed (P.A): \_\_\_\_\_
2. No. of Sick Leaves allowed (P.A): \_\_\_\_\_
3. No. of workers paid wages in lieu of Earned leave with amount paid: \_\_\_\_\_
4. No. of Casual leaves Allowed (P.A): \_\_\_\_\_

**F. Details of payment of Gratuity:**

1	2	3	4		
Total No. of workers	No. of workers who have completed 5 or more years of continuous service	No. of workers retired/resigned/retrenched/dismissed/died etc out of column 2	Amount of gratuity paid		
			Insurance	Employer	Total

**G. Details of payment of Bonus:**

1	2	3	4
Total No. of workers	No. of workers eligible for bonus	No. of workers paid out of column 2	Total Amount of bonus paid

**H. Details of Employees Compensation:**

1 Total No. of workers	2 No. of accidents	3 Type of Accident		4 No. of deaths	5 No. of Injuries		6 No. of Man days lost	7 Amount of Compensation paid		
		Fatal	Non-fatal		Complete	Partial		Insurance	Employer	Total

1. No. of women worker eligible for Maternity benefit \_\_\_\_\_

2. Amount of maternity Benefit paid \_\_\_\_\_ (if yes fill in the below table)

1 Item	2 No. of claims received	3 No. of claims rejected	4 No. of leaves allowed/sanctioned	5 Maternity benefit paid
Confinement/ Hospitalization				
Miscarriage				
Illness				
Medical bonus				
Maternity related deaths				

**J. Details of Welfare measures:**

1. Whether Welfare fund constituted: Yes/No (If yes fill the following details)

- a. No. of workers covered: \_\_\_\_\_
- b. Total contribution: \_\_\_\_\_
- c. Total distributed: \_\_\_\_\_

2. Whether following welfare measures provided:

- a. Canteen: Yes/No
- b. Creche: Yes/No
- c. Shelters, restrooms, lunch room, etc: Yes/No
- d. Transport facilities: Yes/No
- e. Medical/first aid facilities: Yes/No
- f. Washrooms/Latrines, etc: Yes/No
- g. Any other welfare measure available: Yes/No

**K. Details of Settlements/ Strikes/ Lock-outs/ Lay-Offs, etc:**

1. Whether any Settlement/ Strike/ Lock-out etc Occurred: Yes/No

2. Whether Workers Committee Constituted: Yes/No (If yes fill the following details)

1	2	3	4
Date of constitution of Workers Committee	No. of representatives of workmen	No. of representatives of employer	No. of meeting conducted with dates

**L. Details of Contractors under Contract Labor Act/ Inter State Migrant Workmen Act:**

**1. Contract Labor (R&A) Act / Interstate Migrant Workmen (RE&CS) Act**

1 S.No.	2 Contracted establishment name with address and Licence no.	3 Name of the contractor with complete residential and present address, and Licence No.	4 Details/Nature of contract work	5 No. of contract/migrant workers			6 No. of days worked			7 Total wages paid including overtime and allowances			8 Duration of contract		9 Remarks/action/any other important information
				M	F	T	M	F	T	M	F	T	From	To	

**M. Details of Building or other Construction Work:**

1. Type of Establishment: Public / Private
2. Nature of Construction Work: Construction / Alteration / Repairs / Demolition / Maintenance
3. Category: \_\_\_\_\_
4. Details of nature of other Business: \_\_\_\_\_
5. Date of Commencement of Construction: \_\_\_\_\_
6. Probable Date of Completion: \_\_\_\_\_
7. Estimated Cost of Construction: \_\_\_\_\_
8. Constructed Area (Plinth Area in Sq. Mtrs): \_\_\_\_\_
9. Basis for Estimation: As per market rate / work order / Project Report
10. Plan Approval Number: \_\_\_\_\_
11. Date of approval of Plan: \_\_\_\_\_
12. Total male workers: \_\_\_\_\_ Total Female Workers: \_\_\_\_\_ Total Workers: \_\_\_\_\_

**N. Safety measures:**

1. Does the factory carryout any process or operation declared as dangerous under 87 of the Factories Act, 1948? If yes fill in the below table:

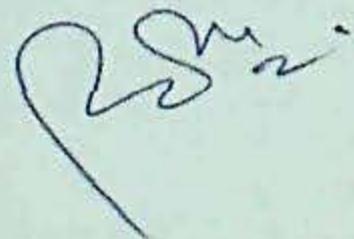
S No.	Name of the dangerous operation/process	Average No. of persons employed daily

2. Whether hazards/dangers related to employment explained to the workers? Yes/No
3. Whether training regarding disaster management, escape, evacuation provided to workers? Yes/No
4. Whether dos and donts' displaced at prominent places? Yes/No
5. Whether local residents in the vicinity are aware of the hazards/dangers associated with the unit? Yes/No
6. Whether safety kits provided? Yes/No
7. Whether Health and safety policy published? Yes/No
8. Whether Medical Officer/Safety Officer appointed/available? Yes/No (If yes give No.)
9. Whether Ambulance available? Yes/No
10. Any other welfare measure (s) available, please mention

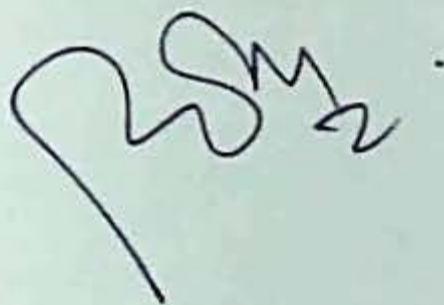
**DECLARATION**

I/we hereby declare that I/we have complied with all relevant provisions of the Labor Acts applicable to the establishment/unit. In case, the information furnished above is found to be false, misrepresented or suppressed, I/we shall be liable for prosecution as per law, besides cancellation of the registration / license granted.

Signature of the Employer/Occupier/Owner



- 1) Rule 242 of Jammu and Kashmir Building and Other Construction Workers (Regulation of Employment & Conditions of Services) Rules, 1998
- 2) Rule 82 of the Jammu and Kashmir Contract Labour (Regulation & Abolition) Rules, 1972.
- 3) Rule 107 of the Jammu and Kashmir Factories Rules, 1972.
- 4) Rule 56-A of the Jammu and Kashmir Industrial Disputes Rules, 1972.
- 5) Rule 56 of the Jammu and Kashmir Inter-state Migrant Workmen Regulation of Employment & Conditions of Service) Rules, 1984.
- 6) Rule 9 of the Jammu and Kashmir Maternity Benefit Rules, 1974.
- 7) Sub-rule (5) to the Rules 21 of the Jammu and Kashmir Minimum Wages Rules, 1972.
- 8) Rule 39 of the Jammu and Kashmir Motor Transport Workers Rules, 1972.
- 9) Rule 25 of the Jammu and Kashmir Payment of Wages Rules, 1972 .

A handwritten signature or set of initials in black ink, consisting of a large, stylized 'S' shape followed by 'SM' and a small flourish.