



Government of Jammu and Kashmir
Labour & Employment Department
Civil Secretariat, Jammu.

Notification

Jammu, the 2ND April, 2018

SRO 152- In exercise of the powers conferred by sub-section (1) of section 35 of the Inter-State Migrant Workmen (Regulation of Employment and Conditions of Service) Act, 1979, (Central Act), the Government of Jammu and Kashmir hereby intends to make the following amendments in Jammu and Kashmir Inter-State Migrant Workmen (Regulation of Employment and Conditions of Service) Rules, 1984; namely:-

1. in rule 49, for "Form XIII", the "Form XIII" appended to this notification shall be substituted;
2. in clause (a) of sub-rule 2 of rule 52 for "Form XVII and XVIII respectively", the "Form XVII and Form XVII respectively" appended to this notification shall be substituted;
3. in clause (c) of sub-rule 2 of rule 52, for "Form XIX, XX and XXI respectively", the composite "Form XIX" appended to this notification shall be substituted;
4. in clause (d) of sub-rule 2 of rule 52, for "Form XXII", the "Form XVIII" appended to this notification shall be substituted,
5. Form XX, XXI and XXII shall be ommitted.

Now in pursuance of sub-section (1) of section 35, any person who desires to object to the aforesaid amendments may submit his/her objections/suggestions for consideration in writing to the Commissioner/Secretary to Govt; Labour & Employment Department, Civil Secretariat within a six weeks from the date of issuance of this notification.

Any objection/suggestion received after the expiry of the said period shall not be entertained.

By order of the Government of Jammu and Kashmir.

Sd/-
(Kifayat Hussain Rizvi)IAS
Commissioner/ Secretary to the Government,
Dated:- 02-04-2018

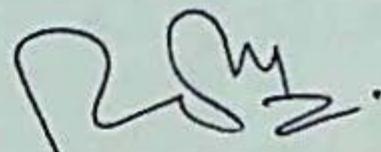
No.L&E/Lab/55/2017

Copy to the -

1. Advisor to Hon'ble Chief Minister, J&K.

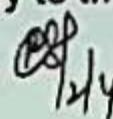
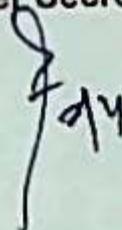
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2. Secretary to Government of India, Ministry of Labour and Employment, Shram Shakti Bhawan, New Delhi-110001.
3. Principal Secretary to the Governor, J&K.
4. Principal Secretary to the Chief Minister.
5. All Administrative Secretaries.
6. Divisional Commissioner, Jammu/Kashmir.
7. Secretary, Legislative Assembly/Council.
8. All Heads of Departments
9. Director Information, J&K, Jammu with the request to publish the notification in leading english dailies one each from Jammu/Kashmir.
10. All Deputy Commissioners/District Development Commissioners.
11. General Manager, Government Press, Jammu for its publication in the next issue of the Government Gazette.
12. Private Secretary to the Minister for Labour and Employment for information of the Hon'ble Minister.
13. Private Secretary to Commissioner/Secretary to the Government, Labour and Employment Department.
14. SRO file (w 2. s. c).
15. Stock file.



(Dr. Irfan Ali Khan)KAS

Under Secretary to the Government



REGISTER OF WORKMEN/EMPLOYEES EMPLOYED BY CONTRACTOR

Name and Address of Contractor.....

Name and Address of Establishment
in/under which migrant workmen are employed.....

Name and location of the work.....

Name and address of the Principal employer.....

LIN / Registration No.....

LIN / Registration No.....

S. No.	Employee Code	Name	Gender	Father's/Spouse	Surname	Date of Birth#	Nationality	Education Level	Date of Joining	Designation	Category *(HS/S/US)
1	2	3	4	5	6	7	8	9	10	11	12

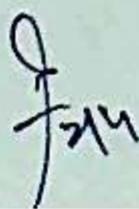
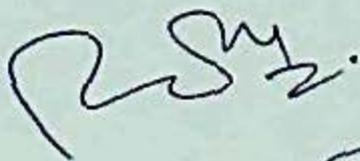
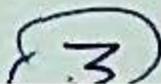
Type of Employment	Mobile	UAN	PAN	ESIC/IP	LWF	AADHAR	Bank A/c No.	Bank	Branch (IFSC)	Present Address	Permanent Address
13	14	15	16	17	18	19	20	21	22	23	24

Service Book No	Date of Exit	Reason for Exit	Mark of Identification	Photo	Specimen Signature/Thumb Impression	Remarks
25	26	27	28	29	30	31

*(Highly Skilled/Skilled/ Un Skilled)

#Note: In case the age is between 14 to 18 years, mention the nature of work, daily hours of work and Intervals of rest in the remarks Column.

Signature of Contractor or his authorized representative

(See Para 22 (2)(a))
ATTENDANCE REGISTER/MUSTER ROLL

Name and Address of Contractor.....

Name and Address of Establishment
 in/under which migrant workmen are employed.....

Name and location of the work.....

Name and address of the Principal employer.....

LIN / Registration No.....

LIN / Registration No.....

For the period From To

S. No. in Employees register	Name	Relay /Place of work*	Date				Summary/ No. of Days	No. of hours with remarks	**Signature of Register Keeper
			1	2	3	4			
		31						
			IN						
			OUT						
1	2	3	4				5	6	7

* in case of Mines only (Underground/Opencast/Surface)

In case an employee is not present the following to be entered: (R for Rest/L for Paid Leave/A for absent/O for Weekly Off/C for Establishment closed)

** Not necessary in case of E Form maintenance.

(Handwritten signatures)

(4)

REGISTER OF WAGES

Name and Address of Contractor.....

Name and Address of Establishment
in/under which migrant workmen are employed.....

Name and location of the work.....

Name and address of the Principal employer.....

LIN / Registration No.....

LIN / Registration No.....

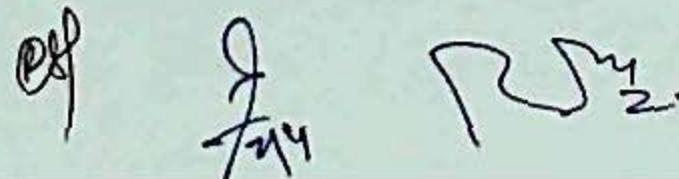
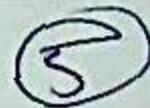
Wage period From To (Monthly/Fortnightly/Weekly/Daily/Piece Rated)

	Highly Skilled	Skilled	Un Skilled
Minimum Basic			
DA Overtime			
Overtime			

S. No. in Employee register	Name	Rate of Wage	No. of Days Worked	Overtime hours worked	Basic	Special Basic	DA	Payments Overtime	HRA	*Others	Total
1	2	3	4	5	6	7	8	9	10	11	12

Deduction								Net Payment	Employer Share PF Welfare Fund	Receipt by Employee/Bank Transaction ID	Date of Payment	Remarks
PF	ESIC	Society	Income Tax	Insurance	Others	Recoveries	Total					
13	14	15	16	17	18	19	20	21	22	23	24	25

*in case of Mines Act any Leave Wages paid should be shown in the Others Column and specifically mentioned in the Remarks column also.

REGISTER FOR DAMAGE/LOSS/FINE/ADVANCE/LOANS

Name and Address of Contractor.....

Name and Address of Establishment
in/under which migrant workmen are employed.....

Name and location of the work.....

Name and address of the Principal employer.....

LIN / Registration No.....

LIN / Registration No.....

S. No. in Employee register	Name	Recovery type {Damage/loss/ fine/ advance/loans}	Particulars	Date of damage/ loss*	Amount	Whether show cause issued*	Explanation heard in presence of*	No. of Installments	First Month/ Year	Last Month/ year	Date of complete Recovery	Remarks
1	2	3	4	5	6	7	8	9	10	11	12	13

*Applicable only in case of damage/loss/fine

[Handwritten signatures and initials]

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