

APPLICATION FOR INTEGRATED REGISTRATION OF ESTABLISHMENT UNDER LABOUR LAWS

Service Details: Service Type *: Fresh Registration / License,

Are you Registered with AP innovation Society *:
yes INO, If Yes APIS Startup_id (AP innovation Society Startup_id) *: _____

Area of Service *:
SEZ
Registering/Licensing officer wise
State Wide

Nature of Business/work/construction/activity/manufactory*: _____

Registration/License Required Under *:

AP Shops & ESTTS, Act 1988

- □ Motor Transport Workers Act, 1961
- Contract Labour(R & A) Act,1970-Principal Employer
- □ Interstate Migrant Workmen(RE&CS) Act,1979 Principal Employer
- □ Building And Other Construction Workers(RE & CS)Act ,1996
- □ Payment of Gratuity Act,1972
- Beedi & Cigar Workers (COE)Act,1966
- Contract Labour(R & A) Act, 1970 (License of Contractor Establishment)

□ Inter State Migrant Workmen (RE&CS) Act, 1979 (License of Contractor Establishment)

1. AP Shops and ESTTS. Act 1988:

Workers Details:

Direct Workers: Male *:	Female *:	
Contract Workers: Male *:	Female *:	
Casual / Daily wage Workers: _ Male *:	Female *:	
Total Workers *:		

2. Motor Transport Workers Act, 1961:

Number of Vehicles *:	_	
Workers Details:		
Direct Workers:Male *:	Female *:	
Contract Workers:Male *:	Female *:	
Casual / Daily wage Workers:Male *:	Female *:	
Total Workers *:		

Details of Motor Transport Vehicles:

S.No	Vehicle Number

3. Contract Labour (R & A) Act. 1970-Principal Employer:

Category of Establishment *:
Government
Public Sector
Private

Workers Details:

Direct Workers: Male *: _____ Female *: _____

Contract Workers: _____ Female *: _____ Female *: _____

Casual / Daily wage Workers: Male *	f: Fem	ale [•]	*:

Total Workers *: _____

Details of Contactors and Works:

Act*	Contractor Name*	Contractor Establishment Name*	Door No*	District*	Mandal*	Village/ Town*

et or Pin Code* Landline	Email Id Mobile	Date of	Probable	Date of
ality * Number	No*	Commencement	Date of	Agreement*

		of Business*	Completion*	

4. Interstate Migrant Workmen(RE & CS)Act 1979- Principal Employer:

Workers Details:

Direct Workers: Male *: _____ Female *: _____

Contract Workers: Male *:	Female *:
contract workers. Male .	Ternale .

Casual / Daily wage Workers:

Male *: ______ Female *: _____

Total Workers *: _____

Act*	Contractor Name*	Contractor Establishment Name*	Door No*	District*	Mandal*	Village/ Town*

Street or Locality *	Pin Code*	Landline Number	Email Id	Mobile No*	Date of Commencement of Business*	Probable Date of Completion*	Date of Agreement*

5. Building And Other Construction Workers (RE & CS) Act. 1996:

Category of Establishment *:
Government
Public Sector
Private

Nature of Work *:
Construction
Alteration
Repairs
Demolition
Maintenance

Category *:_____ Agreement No /Plan Approval Number*:_____

Date of Agreement/Plan Approval*:_____

Estimated Cost of Construction & other details (in case of building or other construction work) *:Rs

Workers Details:

Direct Workers: Male *: _____ Female *: _____

Contract Workers: Male *: _____ Female *: _____

Casual / Daily wage Workers: Male *: Female	×:
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Total Workers *: _____

Act*	Contractor Name*	Contractor Establishment Name*	Door No*	District*	Mandal*	Village/ Town*

Street or Locality *	Pin Code*	Landline Number	Email Id	Mobile No*	Date of Commencement of Business*	Probable Date of Completion*	Date of Agreement*

6. Payment of Gratuity Act, 1972 :

Workers Details:

Direct Workers: Male *: _____ Female *: _____

Contract Workers: Male *: _____ Female *: _____

Casual /	Daily	wage Workers: Ma	ale *:	Female ³	k.
	-				

Total Workers *: _____

No. of workers covered under Payment of Gratuity Act *: _____

Name of the Insurance Company*: ______ Insurance Policy No*: _____

Date *: _____

Act*	Contractor Name*	Contractor Establishment Name*	Door No*	District*	Mandal*	Village/ Town*

Street or Locality *	Pin Code*	Landline Number	Email Id	Mobile No*	Date of Commencement of Business*	Probable Date of Completion*	Date of Agreement*

7. Beedi & Cigar Workers (COE) Act,1966:

Establishment Types:

Workers Details:

Industrial Premises Workers: Male *: _____ Female *: _____

Home Workers: Male *: _____ Female *: _____

Total Workers *: _____

Act*	Contractor Name*	Contractor Establishment	Door No*	District*	Mandal*	Village/ Town*
		Name*				

Street or Locality *	Pin Code*	Landline Number	Email Id	Mobile No*	Date of Commencement of Business*	Probable Date of Completion*	Date of Agreement*

8. Contract Labour(R & A) Act, 1970 (License of Contractor Establishment):

Principal Employer Establishment Details:

Whether Form-V issued by the Prl. Employer *:	🗆 Yes 🗆 No			
Agreement No.*: Date	e of Contractor Agr	eement*:		
Principle Employer Establishment Name*:		_ Door No:		_
District*:Mandal*	«			
Village/ Town*:	Pin Code:	Mol	bile No:	
Registration Certificate Valid Years For*: 1/2/3	Years			
Workers Details:				
Direct Workers: Male *:	Female *:			
Contract Workers: Male *:	Female *:			
Total Workers *:				

Act*	Contractor Name*	Contractor Establishment Name*	Door No*	District*	Mandal*	Village/ Town*

Street or Locality *	Pin Code*	Landline Number	Email Id	Mobile No*	Date of Commencement of Business*	Probable Date of Completion*	Date of Agreement*

9. Inter State Migrant Workmen (RE&CS)Act, 1979 (License of Contractor Establishment):

Principal Employer Establishment Details:			
Whether Form-VI issued by the Prl. Employ	ver *: 🗆 Yes 🗆 No		
Agreement No.*:	Date of Agreement*:		
Employer Establishment Name*:	Door No:		
District*:Man	ıdal*:		
Village/ Town*:	Pin Code:	Mobile No:	
Registration Certificate Valid Years For*: 1	/2/3 Years		
Workers Details:			
Direct Workers: Male *:	Female *:		
Inter State Migrant Workers: Male *:	Female	· *:	
Total Workers *:			

Details of Contactors or Works:

Act*	Contractor Name*	Contractor Establishment Name*	Door No*	District*	Mandal*	Village/ Town*

Street or Locality *	Pin Code*	Landline Number	Email Id	Mobile No*	Date of Commencement of Business*	Probable Date of Completion*	Date of Agreement*

PARTICULARS OF ESTABLISHMENT / EMPLOYER (COMMON UNDER ALL THE ACTS):

ESTABLISHMENT DETAILS:

Name of Shop/Establishment *: _____

Classification of Establishment *: □Proprietor Firm □Partnership Firm □Private Ltd. Company □Public Ltd. Company □Public Sector under Taking □Cooperative Society □ Others

Category of Establishment*:
Shop
Commercial Establishment
Motor Transport Undertaking
Building or other Construction Establishment
Contract Labour (Prl Employer) Establishment
Contract Labour (Contractor)
Establishment
Manufacturing
Inter State Migrant(Prl Employer) Establishment
Inter State Migrant(Contractor) Establishment

Street /Door No. *:	Locality	District*:	
Mandal*:	Village*:	Pin Code*:	Mobile No.:
E mail ld :			
Date of Commencemen	t of Business/work/constru	uction/activity:	
Date of Completion of v	vork/construction/activity	(if applicable):	
Employer, Managin	g partner or Managin	g Director as the case	may be:
State*: Andhra Prade	sh 🗖 Other State		
Employer's Name*:	Father/Husb	and's Name*:	
Distract*:	Mandal*:	Village*:	Pincode
Mobile No.*:	Designation*:		
DPlease Select If Preser	nt Address is same as Empl	oyer, Managing partner or	Managing Director

Applicant Details:

State*: Andhra Prade	sh 🗖 Other State				
Applicant's Name*:	Father/H	usband's Name*:			
Distract*:	Mandal*:	Village*:	Pincode		
Email Id:	Mobile No.*:				
Relationship*: DFather	□Mother □Brother □	Sister Self Employee	□ Others		

Documents List:

(NOTE: All Upload Documents should be in PDF Format only and the size should not exceed 3 MB)

- contract Labour(R&A)Act,1970(License of contract Establishment (Whether Form-V issued by the Prl. Employer if Yes Under Contract Labour(R & A) Act, 1970 (License of Contractor Establishment Act) *
- Inter State Migrant workmen (RE&CS)Act,1979(License of contract Establishment) (Whether Form-VI issued by the Prl. Employer if Yes Under Inter State Migrant Workmen (RE&CS)Act,1979 (License of Contractor Establishment Act) *
- 3. Challan or receipt *(for Renewal only i.e. Act 8 and Act 9)

Applicant Declaration:

□ I/we hereby declare that I/we have complied with all relevant provisions of the Labour Acts applicable to the establishment. In case the information furnished above is found to be false, misrepresented or suppressed any material information or evaded to furnish the information, I/we are liable for prosecution as per law besides cancellation of the registration/license granted. *

Application Received Date: _____

Applicant's Signature