

## ಅಧಿಕೃತವಾಗಿ ಪ್ರಕಟಿಸಲಾದುದು ವಿಶೇಷ ಪತ್ರಿಕೆ

ಭಾಗ - IVA ಬೆಂಗಳೂರು, ಶನಿವಾರ, ಆಕ್ಟೋಬರ್ ೧೯, ೨೦೦೨ (ಆಶ್ವಯುಜ ೨೭ ಶಕ ವರ್ಷ ೧೯೨೪) ನಂ.೧೪೨೮

#### Labour Secretariat Notification-I

No.LD 16 KABANI 2001, Bangalore, Dated:6th July 2002

Whereas the draft of the following Rules further to amend the Karnataka Factories Rules, 1969 was published as required by section 115 of the Factories Act, 1948 (Central Act 63 of 1948) in Notification-1 No.LD 16 KABANI 2001, dated 28th December 2001 in Part IVA of the Karnataka Gazette Extra-ordinary dated 4th January 2002, inviting objections and suggestions from all persons likely to be affected thereby within forty-five days from the date of this publication in the Official Gazette.

Whereas, the said Gazette was made available to the public on 04.01.2002.

And whereas, no objections and suggestions have been received by the State Government.

Now, therefore, in exercise of the powers conferred by Section 112 of the Factories Act, 1948 (Central Act, 63 of 1948) the Government of Karnataka hereby makes the following rules, namely:-

1. Title and Commencement.- (1) These rules may be called the Karnataka Factories (Amendment) Rules, 2002.

(2) They shall come into force from the date of their publication in the Official Gazette.

2. Amendment of rule 3.- In rule 3 of the Karnataka Factories Rules, 1969 (hereinafter referred to as the said rules),-

(i) in sub-rule (2), after clause (c), the following shall be inserted, namely:-

"Provided that in respect of industrial undertakings whose projects are approved either by State High Level Clearance Committee or State Level Single Window Clearance Committee or District Level Single Window Clearance Committee, application for permission under sub-rule (1) shall be in the Combined Application Form along with the fee and documents specified in this rule."

(ii) in sub-rule (4), after the words, brackets and figures "under sub-rule (3)" the words "and ensuring the compliance of Building Bye-Laws of the Karnataka Industrial Area Development

Board or any Local Authority, as the case may be shall be inserted.

3. Insertion of new 104B.- After rule 104 A of the said rules, the following shall be inserted, namely:-

"104B. Exemption from the provision of creche in certain cases.- (1) In factories where it is reasonably not practicable to provide and maintain a creche in accordance with law, the Chief Inspector of Factories may exempt such factories from the provision of rules 101 to 104, if he is satisfied that alternate arrangements made under sub-rule (2) of this rule are ensured by the occupier of the factory: Provided that the occupier of the factory shall.-

(a) Obtain the consent of the employee;

(b) Furnish full details of the places, owners or persons or Non-Government Organization who are providing such creche and the Infrastructure facilities available therein;

(c) Bear the cost incurred by the parent on the child;

(d) Furnish the information of the child as and when it is admitted and withdrawn.

2. The alternate arrangements required in sub-rule (1) shall include a "creche" provided and maintained by private agencies or person or an individual or Non-Government Organization.

3. The exemption granted under sub-rule (1) of this, may at any time be withdrawn by the Chief Inspector, by assigning reasons thereof if he finds after the such enquiry as he may deem fit, that the occupier has committed a breach of this rule."

4. Amendment of rule 107.- In rule 107 of the said rules, for the words "Muster Roll", the words "Register

of Overtime and Payment" shall be substituted.

5. Amendment of rule 111.- Rule 111 of the said rules, shall be renumbered as sub-rule(1) thereof and after sub-rule (1) as so renumbered, the following sub-rule shall be inserted, namely:-

"(2) They notice of displayed under sub-rule (1) shall be both in English and Kannada."

6. Amendment of rule 134: In rule 134 of the said rules, for clause (1), the following shall be substituted, namely:-

(1) Combined Annual Return:- On or before 1st February of each year, a combined annual

return, in duplicate in Form 20"

7. Amendment of rule 137.- In rule 137 of the said rules.-

(i) in sub-rule (1), after the words "maintain a Muster Roll," the words "cum Register of Wages/Salary" shall be inserted;

(ii) in sub-rule (2), for the words "Muster Roll" occurring in two places, the words "Muster Roll cum

Register of Wages/Salary" shall be substituted.

8. Insertion of new Form: After Form-I, the following form shall be inserted namely:-

The Combined Application Form.

9. Substitution of Form 9: For Form 9 of the said rules, the following shall be substituted, namely:-Register of Overtime and Payment.

10. Substitution of Form 20: For Form 20 of the said rules, the following shall be substituted, namely:-

Combined Annual Return

11. Substitution of From 22: For Form 22 of the said rules, the following shall be substituted, namely: Muster Roll Cum Register of Wages/Salary

By Order and in the name of the Governor of Karnataka,

#### **B.H.Umapathy**

Under Secretary to Government, Labour Department.

#### COMBINED APPLICATION FORM

(See proviso to Rule 3)

### FOR OBTAINING REQUIRED CLEARANCE FROM DEPTS./AUTHORITIES CONCERNED PART-A (General Particulars)

 NAME OF THE FIRM/COMPANY AND FULL POSTAL ADDRESS

1) Registered / Corporate office:

Tel:

E-mail Fax:

2) Local Office:

Tel:

E-mail Fax:

2. FULL ADRESS OF THE FACTORY:

Tel:

Fax:

E-mail

3 DETAILS OF THE PROMOTERS/ PARTNERS/PROPRIETOR/DIRECTORS

Tel (O) (R) Fax/E-mail Residential Desgn.(Wkg/ Name SI.No. Address Non-Wkg) 1 2 3 4 5 6

## FORM NO.9 REGISTER OF OVERTIME AND PAYMENT

(See Rule 107)

Form No.9 under Rule 107 of Karnataka Factories Rules, 1969

Form No.XIII under Rule 78(1)(a)(iii) of Contract Labour (Regulation and Abolition)

Form No.IV under Rule 28(2) of Karnataka Minimum Wages Rules, 1958

Name and address of the Factory/Establishment

Name and address of the Principal Employer

Name and address of the Contractor (if any) Place of

Month/Year

Work;

Sl.No.	Employee name Father/Husband Name	SEX	Designation / employment No.	Particulars of OT Work		Particulars of OT Work		Particulars of OT Work		Particulars of OT Work		Particulars of OT Work		lars of OT Normal rate of wages per hour		Normal piece rate of wages	OT piece rate of wages	Total OT earnings	Date of Pay- ment	Signa- ture/ thumb impress- ion of the
			Zarania and	Date	Hours	A second					Same and	Employee								
1	2	3	4	5	6	7	8	6			7.00-00									
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Signature of the occupier/Principal Employer/Contractor

By Order and in the name of Governor of Karnataka

**B.H.Umapathy** 

Under Secretary to Government, Labour Department.

### COMBINED ANNUAL RETURN - FORM 20 (See Rule 134(1))

Year Ending:31-12-200...

Form 20, Rule 134.

Karnataka Factories Rules, 1969

Factory License No ......

ii) Form XXV Rules 82(2) iii) Form

Contract Labour (Regulation & Abolition) Karnataka Rules. 1974 Karnataka Minimum Wages Rules, 1958

III, Rule 22(4), iv) Form D. Rule 5

Payment of Bonus Rules, 1975

V) Form IV, Rule 20 Form K, L, M, Rule 16

Karnataka Payment of Wages Rules 1963 Karnataka Maternity Benefit Rules, 1963

# Name of the Factory/Establishment:

**Full Postal Address** 

1) Factory

Location

Address

Telephone

Fax

Email

## 2) Registered/Head Office

Name and Residential Address of the Person/Principal Employer Responsible for Conduct and 3.

Name Designation Residential Telephone Mobile Address Email (0)

(R)

4. Name at	nd Residential Addre Designation	Residential Telephone Address	Mobile	Email
i)	Occupier	(O) (O) (R) (R)		
ii)	Manager	(O) (O) (R) (R)		
	aant of	Manufacturing Business:		

- 5. Date of Commencement of Manufacturing
- Nature/Type of Industry/Establishment:

7. Particulars of products Manufactured/services Rendered:

Name of the Product/Services	Annual Installed Capacity	Quantity Manufactured	Percentage Achieved	Value
)	V-			
i) v)				

8. Does the factory carry on Hazardous Process under Section2(CB) of Factories Act, 1948;

Yes/No

i) Whether Health & Safety policy prepared and published

:Yes/No

ii) Whether Occupational Health Center provided

Yes/No Yes/No

iii) Whether Medical Officer appointed iv) Whether Ambulance Van provided

Yes/No

9 a) Particulars	No. of Persons On Roll as on 31.12.200	No. days Factory Worked	No. of Man days Worked during The year Men/Women/Total	No. of man hours Worked including O.T. during The year Men/Women Total	Total Amount of salary/Wages paid including OT wages and Allowances

Average Number of Employments During the Year-Total Women Men

Number of Employees Discharged, Dismissed, Terminated, Retrenched, Resigned or Retired during the year:

10. Particul	Total No. of Persons Employed	No. of Employees Eligible for Earned leave.	No. of Employees Availed/ Granted Earned leave	Number of Employees Discharged, Dismissed, Terminated, Retrenched, Resigned or Retired during the year	No. of employees paid Wages/Salary in lieu of Earned leave
i) Men ii) Women					

11.a) Safety and Welfare Officers:	Number of Officers required To be appointed	Number of Officers actually appointed
i) Safety Officers as per Sec.40B of Factories Act.  ii) Welfare Officers as per Sec.49 (1) of Factories Act.		

		s per Section tion 46(1)					- '	YES/NO	
iv) Creche as ner	antee Secti	en is run depar	tmentally or	through (	Contra	ctor: Dena	rtmont	YES/NO	
v) Shelters, Rest	Room	on (1)	20000			отог. Бера	runent V	ally/Contra /ES/NO	ctor
								ES/NO	
(I) Total num (II) Number o	ber o	f accidents that	ays Lost ar	nd others:					
(II) Number o	f emp	ployees involve	ed in such a	CCidents:	tne ye	ar:			17
(IV) Number of	001 01	man days los	st in such ac	cidents:					
(IV) Number of (V) Number of	emp	loyees returne	ed to work w	ithin 48 ho	ours of	the accide	ent:		
a) Wit	hout r	Dermanant/no	4:-14	101 40 1100	irs of t	he accider	nt (Rep	ortable ac	cident)
i) Number	of e	manent/partial	total disable	ement				4	
resulted in death:	0, 0	mployees invention	olved in acc	cidents wh	nich ei	ther imme	ediately	or later v	within 7 -
13. Particulars of N	later	nity Benefits:			5.33				with 1-da
Total No. of wom Immediately precedir     No. of women	en wo	orkers who wo	orked for a	period of	160 da	Wo in the			
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2. No. of women wor	rkere	for when	ismissed in	the last 12	2 mont	hs.			
provided by the employed	over v	with free of one	e-natal con	finement a	and po	ost-natal (	Confine	ment in	
No. of women work	cers o	died	or and the					THERITIES	
		livery							
b) After	deliv	ery:						V	
Leave / additional L	eave	detaile		the state of the same				CA STATE OF THE ST	
Leave / additional L	7 1	uctans.							
Item -		No.of wome	n applied	Leave					5
item		No.of wome for leave	n applied	Leave s	anctio	oned	Lea	ive rejecte	ed
Miscarriage	¥.	No.of wome	n applied	Leave s	anctio	oned	Lea	ve rejecte	ed
Miscarriage illness (additional Lea	ve	No.of wome	n applied	Leave s	anctio	oned	Lea	ive rejecte	ed S
Miscarriage illness (additional Lea	ve	No.of wome	n applied	Leave s	anctic	oned	Lea	ive rejecte	ed
Miscarriage illness (additional Lea	ve li	No.of wome for leave	· · · · · · · · · · · · · · · · · · ·		anctio	oned	Lea	ve rejecte	s s
Miscarriage illness (additional Lea under Sec.10. Maternity benefit paic	ve l:	No.of wome	No. of	leaves		o. of clain			
Miscarriage illness (additional Leaunder Sec.10.  Maternity benefit paid Item Confinement	ve l:	No.of wome for leave	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	leaves				Total bei	nefit Paid
Miscarriage illness (additional Leaunder Sec.10.  Maternity benefit paid Item  Confinement Miscarriage	ve l:	No.of wome for leave	No. of	leaves		o. of clain		Total bei	
Miscarriage illness (additional Lea under Sec. 10.  Maternity benefit paic Item  Confinement Miscarriage Iness	ve l:	No.of wome for leave	No. of	leaves		o. of clain		Total bei	nefit Paid
Miscarriage illness (additional Leaunder Sec.10.  Maternity benefit paic Item  Confinement Miscarriage Iness Medical Bonus	ve li:	No.of wome for leave	No. of sancti	leaves oned		o. of clain		Total bei	nefit Paid
Miscarriage illness (additional Leaunder Sec.10.  Maternity benefit paid Item  Confinement Miscarriage Iness Medical Bonus	ve li:	No.of wome for leave	No. of sancti	leaves oned		o. of clain		Total bei	nefit Paid
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Miscarriage illness (additional Lea under Sec.10.  Maternity benefit paid Item  Confinement Miscarriage Iness Medical Bonus 4. Particulars of Dedu  Fines Damages/Loss	ve li:	No.of wome for leave  of claims eceived	No. of sancti	leaves oned	N	o. of clain rejected	ms.	Total bei	nefit Paid Ipees
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Miscarriage illness (additional Lea under Sec.10.  Maternity benefit paid Item  Confinement Miscarriage Iness Medical Bonus 4. Particulars of Dedu Fines Damages/Loss Breach of Contract Others	ve li:	No.of wome for leave  of claims eceived	No. of sancti	leaves oned	N	o. of clain rejected	ms	Total bei	nefit Paid Ipees
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Miscarriage illness (additional Lea under Sec.10.  Maternity benefit paid Item  Confinement Miscarriage Iness Medical Bonus 4. Particulars of Dedu  Fines Damages/Loss Breach of Contract Others otal Payment of Bonus	ve l: No.	No.of wome for leave  of claims eceived  ns made from  No.	No. of sancti	leaves oned	N	o. of clain rejected	ms	Total bei	nefit Paid Ipees
Miscarriage illness (additional Lea under Sec.10.  Maternity benefit paid Item  Confinement Miscarriage Iness Medical Bonus 4. Particulars of Dedu  Fines Damages/Loss Breach of Contract Others Otal Payment of Bonus No. of employees	ve l: No.	of claims eceived  ns made from No.  during the year	No. of sancti	leaves oned	N	o. of clain rejected	ms nount	Total bei in Ru	nefit Paid Ipees
Miscarriage illness (additional Lea under Sec.10.  Maternity benefit paid Item  Confinement Miscarriage Iness Medical Bonus 4. Particulars of Dedu  Fines Damages/Loss Breach of Contract Others tal Payment of Bonus	ve l: No.	of claims eceived  ns made from  No.	No. of sancti	leaves oned	N Ped	o. of clain rejected	ms nount	Total bei	nefit Paid Ipees

6. Contract L	abour:		No. of	Max.No. of	No. of Days	No. of Man'	
Names and Address the Contractors	Period of Contract From/to	Nature of Work	Persons Employed	Contract Workmen Employed on Any Day during the year	Worked	days Worked	
•							
i)							
ii) iii)				1			
iv)		Total -	e is to the hest	1,	and boliof co	rrect	

Certified that the information furnished above is, to the best of my knowledge and belief, correct.

Certified that the information remains	Signature of Employer/Occupier/Manager
	Name
Dated:	Designation
Place:	By Order and in the name of Governor of Karnataka

B.H. Umapathy Under Secretary to Government, Labour Department.

# FORM NO.22 MUSTER ROLL CUM REGISTER OF WAGES / SALARY

(See Rule 137)

- 1. Form 22 (Muster Roll) Rule 137 of the Karnataka Factories Rules1969
- 2. Form V (Wages) Rule 29(1) of the Karnataka Minimum Wages Rules 1958
- 3. Form VII (Muster Roll) Rule 29(5) of the Karnataka Minimum Wages Rules 1958
- 4. Form (Wages) Rule 5 of the Karnataka Payment of Wages Rules 1963
- 5. Form XVI (Muster Roll) Rule 78(1)(a)(i) of the Contract Labour (regulation & abolition)
- 6. Form XVII (Wages) Rules 78(1)(a)(i) of the Contract Labour (regulation & abolition) Karnataka Rules 1974

Name and address of the Factory/Establishment:-

Name and address of the Contractor (if any):-

Place of Work:-

Name and Address of the Principal Employer:-Month/ Year

0.	Name of the empl- oyee	Sex M/F	Emp. No.	Degn/ dept	Date of join- ing	NO.							,	TTEN	IDANE							
	Father/ Husband Name					NO.					<i>-</i> 1	6	7 1	8 1	9	10	11	12	13	14	15	16
				7	,		1 17	18	3	20	21	22	23	24	25	26	27	28	29	30	31	

Month & year Total Others Misc. earnings OT Spl. All Med: allowan-Conveyance HRA Basic