Uttar Pradesh Shasan

Shram Anubhag - 2

In pursuance of the provisions of clause (3) of Article 348 of the Constitution of India, the Governor is pleased to order the publication of the following English translation of notification no. 205 /36-2-2021-14(G)/2020 dated: 18 February, 2021.

Notification

No. 2.05 / 36-2-2021-14(G)/2020 Lucknow, Dated: 18 February, 2021

The following draft rules which the Governor proposes to make in exercise of the powers under sub-section (1) of section 99 of the Industrial Relations Code, 2020 (Act no. 35 of 2020) read with section 24 of the General Clauses Act, 1897 (Act no. 10 of 1897) and in supersession of the -

1- Uttar Pradesh Industrial Employment (Standing Orders) Rules, 1946

2- Uttar Pradesh Trade Union Regulation, 1927

1(1)

3- The Industrial Disputes (Uttar Pradesh) Rules, 1976

except as respects things done or omitted to be done before such supersession, are hereby published as required by sub-section (1) of section 99, for information of all concerned and with a view to

invite objections and suggestions in respect thereof;

All objections and suggestions with respect to said rules should be sent in duplicate addressed to Additional Chief Secretary, Shram Anubhag-2, Uttar Pradesh Shasan, Bapu Bhawan, Lucknow-226001/Labour Commissioner, U.P., G.T. Road, Kanpur. Only those objections and suggestions which are received within forty-five days from the date of publication of this notification shall be taken into consideration.

DRAFT RULES

The Uttar Pradesh Inustrial Relation Rules, 2021

Chapter I PRELIMINARY

Short title, application and commencement-

- These rules may be called The Uttar Pradesh Industrial Relation Rules, 2021
- They extend to the whole of Uttar Pradesh. (2)
- They shall come into force on the date of their publication in the (3) Gazette.

Definitions .-

- In these rules, unless the context otherwise requires,-2(1)
 - (a) "Code" means the Industrial Relations Code, 2020;
 - (b) "section" means the section of the Code;
 - (c) "electronically" means any information submitted by e-mail or uploading on the designated portal or digital payment in any mode for the purpose of Code;
- The words and expressions used in these rules which are not defined therein, but are defined in the Code, shall have their respective meaning as assigned to them in the Code.

The Agreement under clause (z i) of section 2 for written agreement Written Agreement for between the employer and worker shall be in the form specified in Form-I and shall be signed by the parties in the agreement and a Officer copy thereof shall be sent to the concerned Conciliation Officer.

the settlement before the Conciliation under clause (z i) of Section 2.-

Chapter II BI-PARTITE FORUMS

Constitution of Works Committee etc. under Section 3.-

- 4(1) Every employer to whom an order made under sub-section (1) of section 3 applies, shall forthwith proceed to constitute a Works Committee in the manner as is specified in the following sub-rules:
- (2) The number of members in the Committee shall be fixed so as to afford representation to the various categories, groups and class of workers engaged in, and to the sections, shops or departments of the establishment:

Provided that the total number of members of the Works Committee shall not exceed ten:

Provided further that the number of representatives of the worker in the Works Committee shall not be less than the number of representatives of the employer therein.

- (3) Subject to the provisions of this rule, the representatives of the employer in the Works Committee shall be nominated by the employer and shall, as far as may be possible, be officials in direct touch with, or associated with, the working of the industrial establishment.
- (4) (a) The Works Committee shall have among its office-bearers a Chairman, a Vice-Chairman, a Secretary and a Joint-Secretary;
 - (b) the Chairman shall be nominated by the employer from amongst the employer's representatives on the Works Committee and he shall, as far as possible, be the head of the industrial establishment;
 - (c) the Vice-Chairman shall be elected by the members, representing the workers, from amongst themselves:

Provided that in the event of equality of votes in the election of the Vice- Chairman, the matter shall be decided by employer;

(d) the Works Committee shall elect the Secretary and the Joint Secretary

Provided that where the Secretary is elected from amongst the representatives of the employers, the Joint Secretary shall be elected from amongst the representatives of the workers and vice versa:

Provided further that the post of the Secretary or the Joint Secretary, as the case may be, shall not be held by a representative of the employer or the worker for two consecutive years:

Provided also that the representatives of the employer shall not take part in the election of the Secretary or Joint Secretary, as the case may be, from amongst the representatives of the worker and only the representatives of the worker shall be entitled to vote in such elections.

- (e) In any election under clause (d), in the event of equality of votes, the matter shall be decided by employer.
- (5) (a) the term of office of the representatives on the Works Committee other than a member chosen to fill a casual vacancy shall be two years;
 - (b) a member chosen to fill a casual vacancy shall hold office for the unexpired term of his predecessor;
 - (c) a member who without obtaining leave from the Works Committee, fails to attend three consecutive meetings of the Committee shall forfeit his membership.
- (6) In the event of worker's representative ceasing to be a member under

- clause (c) of sub-rule (5) or ceasing to be employed in the establishment or in the event of his resignation, death or otherwise, his successor shall be chosen in accordance with the provisions of this rule from the same group to which the member vacating the seat belonged.
- (7) The Works Committee shall have the right to co-opt in a consultative capacity, persons employed in the industrial establishment having particular or special knowledge of a matter under discussion. Such co-opted member shall not be entitled to vote and shall be present at meetings only for the period during which the particular question is before the Works Committee.
- (8) (a) the meeting of Works Committee shall be called by the Secretary with prior approval of the Chairman;
 (b) the Works Committee shall at its first meeting regulate its own

procedure.

(9) (a) the employer shall provide accommodation for holding meetings of the Works Committee. He shall also provide all necessary facilities to the Works Committee and to the members thereof for carrying out the work of the Works Committee. The Works Committee shall ordinarily meet during working hours of the industrial establishment concerned on any working day and the representative of the worker shall be deemed to be on duty while attending the meeting;

(b) the Secretary of the Works Committee may with the prior concurrence of the Chairman, put up notice regarding the work of the Works Committee on the notice board of the industrial establishment.

- 5(1) The Grievance Redressal Committee shall consist of equal number of members representing the employer and the workers, which shall not exceed ten.
- (2) The representatives of the employer shall be nominated by the employer and shall, as far as may be possible, be officials in direct touch with or associated with the working of the industrial establishment, preferably the heads of major departments of the industrial establishment.
- (3) The representatives of the workers shall be chosen by the registered Trade Union and where a negotiating council exists, such representatives shall be chosen in the same proportion as the Trade Unions respectively represents in the negotiating council. In case where there is no registered Trade union or negotiating council, the member may be chosen by the workers of the establishment: Provided that there shall be adequate representation of women workers in the Grievance Redressal Committee and such representation shall not be less than the proportion of women workers to the total workers employed in the industrial establishment.
- (4) (a) Where any worker of the industrial establishment are members of a registered Trade Union or Trade Unions, the employer shall ask such Trade Union or Unions to inform in writing as to how many workers are members of such Trade Union.
 - (b) Where an employer has reason to believe that the information furnished to him under clause (a) by the registered Trade Union is false, he may, after informing such Trade Union, refer the matter to the Regional Additional/Deputy Labour Commissioner, who

Manner of choosing members from the employers and the workers for Grievance Redressal Committee under sub-section (2) of section 4.- shall, after hearing the parties, shall decide the matter and his decision shall be final.

- After determination of membership of Trade Union or Unions the employer may require,
 - (a) trade unions, to chose representatives in proportion of their members in total workers;
 - (b) workers, who are not members of any trade union to chose representatives and proportion of their number in total workers.

Application in respect of any dispute to be filed before the Grievance Redressal Committee by any aggrieved worker under sub-section (5) of section 4. Any aggrieved worker may file an application stating his dispute therein before the Grievance Redressal Committee giving his name, designation, employee Code, Department where posted, length of service in years, category of worker, address for correspondence, contact number, details of grievances and relief sought. Such application may be sent electronically or otherwise. The Grievance may be raised within one year from the date on which the cause of action of such dispute arises.

Manner of filing application for the conciliation of grievance as against the decision of the Grievance Redressal Committee to the conciliation officer under sub-section (8) of section4

Any worker who is aggrieved by the decision of the Grievance Redressal Committee or whose grievance is not resolved by the said Committee within thirty days of receipt of the application, may file an application electronically or otherwise to concerned conciliation officer within the period of sixty days from the date of the decision of the Grievance Redressal Committee or from the date on which the period specified in sub-section (6) of section 4 expires, as the case may be, to the conciliation officer through the Trade Union, of which he is a member or otherwise.

CHAPTER III TRADE UNION

Application for registration:-

Every application for registration of a Trade Union shall be made in Form II either manually or electronically and shall be submitted to Registrar of Trade Unions, Uttar Pradesh through Regional Additional/Deputy Registrar of the area in which office of the trade union is situated.

The Fee:-

9 The fee payable for the registration of a Trade Union shall be One hundred rupees to be paid in cash or by bank draft or electronically, as may be required by State Government by general or special order.

Form of register of Trade Unions:-

The register of Trade Unions referred to in sub-section (1) of section 9 shall be maintained in Form III.

Form of certificate:-

11 The certificate of registration issued by the Registrar under subsection (2) of section 9 shall be in Form IV.

Subscription by members of trade union:-

12(1) The annual subscription for ordinary member of a trade union relating to unorganised sector shall not be more than fifty rupees and for honorary member shall not be more than one hundred rupees.

(2) The annual subscription for ordinary member of a trade union relating to organised sector shall not be more than one hundred rupees and for honorary member shall not be more than two hundred rupees.

Form of affidavit:-

13 Every application for registration shall—be accompanied with a declaration by an affidavit in Form V of all applicants.

Form of general 14 Where a trade union has been in existence for more than one year

statement of assets and liabilities of the Trade Union under subsection(2) of section 8:-

Application for withdrawal or cancellation under subsection (5) of section 9

Verification of application for withdrawal or cancellation

Time period for filing appeal under sub-section (1) of section 10

Notice of change

Recognition of sole negotiating union

Manner of verification of 20(1) majority union before making an application for its registration, the application for registration shall be accompanied by a general statement of assets and liabilities of trade union in Form VI.

- Every application by a Trade Union for the withdrawal or cancellation of its certificate of registration shall be sent to the Registrar in Form VII.
- 16(1) The application of trade union for withdrawal shall be verified by the Registrar personally by summoning the applicant or through Regional Additional/Deputy Registrar of the area in which the registered office of the trade union is situated.
- (2) The Registrar, on receiving an application for the withdrawal or cancellation of registration, shall, before granting the application, satisfy himself that the withdrawal or cancellation of registration was approved by a resolution of the Trade Union, or it has the approval of the majority of the members of the Trade Union. The Registrar may call for such further particulars as he may deem necessary and may examine any officer of the Union.

Any appeal against the order of refusal to grant registration under section 9 or cancellation of certificate of registration under subsection (5) of section 9 of the Code shall be filed within sixty days of the date of such order of Registrar.

18(1) The Trade Union shall inform the Registrar of any change in the particulars given by its application, office bearer and its constitution or bye-laws in writing and shall be accompanied by resolution to that effect in accordance with the constitution or bye-laws of the union In case of Change in Office bearer it shall be communicated to Registrar in Form VIII.

- (2) In case of transfer of office of the trade union to another State, the Registrar, shall forward to the Registrar of the State in which head office of the Trade Union has been transferred, a copy of all the entries contained in the register referred to in section 9 of the Code.
- (3) The Registrar shall record any change in the particulars of application for registration, office bearer and constitution or byelaws of the union, if satisfied with the application of the union and shall inform the union concerned.

Where only one registered trade union of workers is functioning in the industrial establishment, the employer shall recognize such union as sole negotiating union of worker:

Provided that the election of executive body of the union is conducted within the time prescribed in bye-laws of the union and the election of the union is duly registered by Regional Additional/Deputy Registrar of the area.

If more than one registered trade union of workers are functioning in an industrial establishment, the union supported by fifty one percent or more workers on the muster roll of that industrial establishment shall be declared by the employer as a sole negotiating union on the basis of membership of the registered unions:

Provided that if there is any dispute with regard to membership of the unions, it shall be decided by voting through secret ballot and employer shall appoint an independent observer if any of the union makes demand to that effect:

Provided further that the employer shall inform to Regional Additional/Deputy Registrar of the area in respect of voting by secret ballot and if Regional Additional/Deputy Registrar of the area deems fit, he/she may also direct that voting shall be conducted in the presence of Inspector cum facilitator.

- (2) The employer shall inform the Regional Additional/Deputy Registrar of the area about the declaration of sole negotiating union, manually or electronically.
- 21 The negotiating union or negotiating council is authorized to deal with any matter of industrial dispute affecting more than one worker in accordance with the provisions of the Code.
- The employer shall provide such facilities to negotiating union or negotiating council as required by State Government by general or special order.
- 23(1) Any two or more trade unions may apply to Registrar of Trade Unions for amalgamation of their unions in Form IX.
 - (2) The application for amalgamation shall be accompanied with the resolutions passed by at least three fourth members of their unions.
 - (3) The Registrar, if satisfied, after making such inquiry as he deems fit, shall record the amalgamation of unions in a register in Form X.
 - 24 The Registrar on getting the information dissolution shall order to divide the funds amongst the members on the date of dissolution in proportion to amounts contributed by such members by way of subscription during their membership.
 - 25 The annual return to be furnished under section 26 of the Code shall be submitted manually or electronically to the Registrar by 31st day of July in each year and shall contain a full and correct statement of the particulars prescribed in Form XI, duly audited according to provisions of rule 25.
- 26(1) Save as provided in sub rule (2), (3), (4) and (5) of this rule, the annual audit of accounts to any registered trade union shall be conducted by an auditor authorized to audit the accounts of companies under the law.
 - (2) Where the total receipt of any trade union did not at any time during the financial year exceed Fifty thousand rupees, the annual audit of the accounts may be conducted by any two members of the union.
 - (3) Where the total receipt of any trade union did not at any time during the financial year exceed One lakh rupees, the annual audit of the accounts may be conducted,
 - (a) by any two persons holding office as member of any Municipal Board, District Board, or Legislative body; or
 - (b) by any person, who having held an appointment under Government in any audit or accounts department, is in receipt of a pension from Government of not less than thirty thousands rupees in a month; or
 - (e) by any auditor appointed to conduct the audit of any Cooperative Societies by Government or by the Registrar of Co-operative Societies or by any State Co-operative Organization recognized by the Government for this purpose.

Matters of negotiation

- Facilities to be provided by employer to negotiating union or council
- Manner of amalgamation of trade unions
- Distribution of Funds of trade union after

Annual Return

Audit

Where the total receipt of any trade union did not at any time during the financial year exceed Five lakh rupees, the annual audit of the accounts may be conducted, (a) by an examiner of local funds accounts; or, (b) by any local fund auditor appointed by the Local Government; or, (c) by person, who having held an appointment under Government in any audit or accounts department, is in receipt of a pension from Government of not less than Fifty thousands rupees in a month (5) Where the Trade Union is a federation of unions, the audit of accounts of federation shall be conducted in the same manner as prescribed in sub-rules (2), (3) and (4) for audit of trade unions. Notwithstanding anything contained in sub-rules (1), (2), (3), (4) and (6) (5), no person who, at any time during the year was entrusted with fund or any part thereof or securities belonging to the trade union, shall be eligible to audit the accounts of that union. The auditor or auditors appointed in accordance shall be given access to all books of the trade union and shall verify the annual return with the accounts and vouchers relating thereto, and shall thereafter sign the auditor's declaration appended to Form XI. (8) The audit of the political fund of a registered Trade Union shall be carried out along with the audit of the general account of the Trade Union and by the same auditor or auditors. Purpose of general fund 27(1) The general fund of registered trade union shall not be spent on political objects or objects other than those provided in bye-laws of the trade union. Purpose of political fund 28(1) the fund constituted under sub-section (2) of Section 15 shall not be and subscription spent on any object other than those provided in bye-laws for that fund. the subscription by members of the trade union shall not be more (2) than twice of the annual subscription of the member to general fund Manner of application for 29(1) the application under sub-section (1) of section 22 of the Code shall adjudication be submitted to Tribunal in Form XII, personally, or by registered union disputes post or electronically: Provided that such application shall not be refused merely on the ground that application is not in the prescribed form. the application may be submitted by any member or office bearer of (2) registered trade union or any member or office bearer of recognized federation. the application shall contain the full details of dispute provided in (3) sub-section (1) of Section 22, the name and address of the opposite parties. (4) the fee for the application shall be ten rupees to be paid by way of court fee stamp. Recognition of State trade 30(1)A trade union or federation of trade unions may be recognized as a union State trade union at the state level, on the application of that trade union or federation of trade unions.

- (2) such application shall be signed by secretary of the trade union or federation of trade unions and accompanied with the resolution of the union or federation supported by fifty one percent of members or more.
- (3) the state trade union at State level shall be authorized to function as a trade union for whole of Uttar Pradesh only for the purpose for which it was constituted,
- (4) any dispute regarding such recognition shall be decided by Tribunal on application by the aggrieved person.
- (5) an application to Tribunal in accordance with sub-rule (4) shall be submitted in the manner prescribed in Rule 22.

Chapter IV STANDING ORDERS

- Manner of forwarding information to certifying officer under sub-section (3) of section 30
- 31(1) If the employer adopts the model standing order of the State Government referred to in section 29 with respect to matters relevant to his industrial establishment or undertaking, then, he shall intimate the concerned certifying officer, electronically or otherwise, of the specific date from which the provisions of the model standing order which are relevant to his establishment have been adopted.
- (2) On receipt of information in sub-rule (1) the certifying officer within a period of thirty days from such receipt may give his observation that the employer is required to include certain provisions which are relevant to his establishment but have not been adopted and shall also direct the employer to amend the standing order so adopted, by way of addition, deletion or modification within a period of thirty days from the date of the receipt of such direction, and shall ask for compliance report electronically or otherwise.
- (3) If no observation is made by certifying officer within a period of thirty days of the receipt of the information as specified in sub-rule (1) and (2), then, the standing order shall be deemed to have been adopted by the employer.
- Manner of choosing representatives of workers of the industrial establishment or undertaking for issuing notice by certifying officer where there is no Trade Union operating under clause (ii) of sub-section (5) of section 30
- Where there is no such trade union as referred to in clause (i) of subsection (5) of section 30 then, the certifying officer may require the election of three representatives of workers through Inspector-cumfacilitator members and forward a copy of the standing order requiring objections, if any, which the workers may desire to make to the draft standing order to be submitted within fifteen days from the date of receipt of the notice.
- Manner of authentication of certified standing orders under sub-section (8) of section 30,-
- Standing orders or modification in the standing orders, certified in pursuance of sub-section (8) of section 30 or the copies of the order of the appellate authority under sub-section (1) of section 33 shall be authenticated by the certifying officer or the appellate authority, as the case may be, and shall be sent electronically within a week to all concerned, but there shall not be any requirement of certification in cases of deemed certification under sub-section (3) of section 30 and in cases where the employer has certified adoption of model standing orders.

accompanied with draft standing orders under sub-section (9) of section 30

Conditions for submission of draft standing order in similar establishment under sub-section (10) of

Manner of disposal of 36(1) appeal by appellate authority under section 32

section 30

draft standing order shall contain, the particulars such as name of the industrial establishment or undertaking concerned, address, e-mail address (if possible), contact number and strength and details of workers employed therein including particulars of trade union to which such workers belong; and

- (2) draft modification in the existing standing orders, shall contain the particulars of such standing orders which are proposed to be modified along with a tabular statement containing details of each of the relevant provision of standing order in force, proposed modification therein, and reasons thereof and such statement shall be signed by a person authorized by the industrial establishment or undertaking.
- In cases where a group of employers is engaged in similar industrial establishments such a group may submit a joint draft standing order under section 30 for the purpose of proceedings specified in subsections (1), (5), (6), (8) and (9) thereof after consultation with the concerned trade union, negotiating union or negotiating council, if any.

An employer or trade union or negotiating union desirous of preferring an appeal against the order of the certifying officer given under sub-section (5) of section 30 shall within sixty days of the receipt of such order, draw up a memorandum of appeal in tabular form stating therein the provisions of the standing orders which are required to be altered or modified or deleted or added reasons thereof, and the same shall be filed personally or electronically to the appellate authority.

- (2) The appellate authority shall, after giving the appellant and the opposite parties an opportunity of being heard, pass an order within sixty days of the filing of appeal, either confirming the standing orders or directing the employer to modify the standing orders.
- (3) The appellate authority may call the employer, trade union of workers, representative of workers and other workers other than the appellant worker as it deems necessary.
- (4) The appellant shall furnish each of the respondents with a copy of the memorandum of appeal.
- (5) The appellate authority may at any stage of the proceeding call for any evidence, if it considers necessary for the disposal of the appeal.

The language and the manner of maintaining standing order under subsection (1) and (2) of section 33

Register for final certified copy of Standing Order under section 34 37(1) The standing order finally certified by certifying officer shall be sent personally or electronically except in the case of deemed certification under section 30.

(2) The text of the standing order as finally certified or deemed to have been certified or adopted model standing order under this Chapter shall be maintained by the employer in Hindi or in English.

38(1) The certifying officer shall maintain electronically or otherwise, a register of all standing orders certified or deemed to have been certified or adopted model standing orders of all the concerned industrial establishments in Form XIII.

(2) The certifying officer shall furnish a copy of the certified standing orders or deemed to be certified standing orders to any person applying therefor on payment of ten rupees per page of the certified standing orders or deemed certified standing orders, as the case may Application for modification of Standing Order under sub-section (2) of section 35 39 The application for modification of an existing standing order under sub-section (2) of section 35 shall be submitted personally or electronically and shall be accompanied with a statement prescribed under sub-rule (2) of rule 33.

Chapter V NOTICE OF CHANGE

The manner of giving of notice for change proposed to be effected under clause (i) of section 40 Any employer intending to effect any change in the conditions of service applicable to any worker in respect of any matter specified in the Third Schedule to the Code, shall give notice in Form XIV to the worker affected by such change:

Provided that no such notice is required to implement to any legal agreement under the Code or judgment or award of any industrial tribunal or arbitrator.

(2) The notice referred in sub-rule (1) shall be displayed conspicuously by the employer on the notice board at the main entrance of the industrial establishment and the office of the concerned Manager of the industrial establishment:

Provided that where there is a registered trade union or registered trade unions relating to the industrial establishment, a copy of such notice shall also be served on the Secretary of such trade union or each of the Secretaries of such unions, as the case may be.

Chapter VI VOLUNTARY REFERENCE OF DISPUTES TO ARBITRATION

Form of arbitration 41(1) agreement and the manner thereof under sub-section (3) of section 42

- 1(1) Where the employer and workers agree to refer the dispute to arbitration, the Arbitration Agreement shall be in Form XV and shall be signed by the parties to the agreement. The agreement shall be accompanied by the consent of the parties either in writing or electronically of arbitrator or arbitrators.
- (2) The Arbitration Agreement referred to in sub-rule (1) shall be signed.-
 - (a) in case of an employer, by the employer himself, or when the employer is an incorporated company or other body corporate, by the agent, manager or other officer of the corporation authorized for such purposes;
 - (b) in the case of the workers by the officer of the registered trade union authorized in this behalf or by three representatives of the workers duly authorized in this behalf at a meeting of the concerned workers held for such purpose;
 - (e) In the case of an individual worker, by the worker himself or by an officer of registered trade union of which the worker is a member.

Explanation,- In this rule, the expression 'officers of trade union' means President, Vice-President, Secretary, Joint Secretary or any other officer of the trade union authorized in this behalf by the President and Secretary of the trade union.

Manner of issue of notification under subsection (5) of section 42 Where an industrial dispute has been referred to arbitration and the State Government is satisfied that the persons making the reference represent the majority of each party, it shall publish a notification in this behalf in the Gazette for the information of the employers and workers who are not parties to the arbitration agreement but are concerned in the dispute.

Manner of choosing 43 Where there is no Trade Union, the representative of workers to

representatives of workers where there is no Trade Union under subsection (5) of section 42 present their case before the arbitrator or arbitrators shall be chosen by a resolution passed by the majority of concerned workers in Form XVI authorizing them to represent the case. Such workers shall be bound by the acts of representatives who have been authorized to represent before the arbitrator or arbitrators, as the case may be.

Chapter VII MECHANISM FOR RESOLUTION OF INDUSTRIAL DISPUTES

Manner of appointment, term of office, salaries and allowances, resignation and other terms of conditions of service of Judicial and Administrative Members of the Industrial Tribunal under sub-section (5) of section 44

- 44(1) The Judicial and Administrative members of the Industrial Tribunal shall be appointed by the State Government on the recommendation of the selection committee.
 - (2) For the purpose of appointment of Judicial and Administrative members of the Industrial Tribunal, the State Government shall prepare a list of suitable persons after due consideration of applications received in which the qualifications of all persons, their past performance and experience of disposal of industrial disputes or judicial /quasi-judicial work shall be clearly stated.
 - (3) The Selection Committee shall comprise of the following members namely.-
 - (a) Chief Justice of High Court of Judicature at Allahabad or a Judge of the High Court of Judicature at Allahabad nominated by him-Chairperson;
 - (b) Chief Secretary, Government of Uttar Pradesh-Member;
 - (c) Additional Chief Secretary/ Principal Secretary to U.P. Government in the Labour Department- Member;
 - (d) Labour Commissioner, Uttar Pradesh- Member;
 - (e) Legal Remembrancer- Member.
- (4) The Selection Committee shall determine its procedure for making its recommendation and, after taking into account the qualification, suitability, record of past performance, integrity as well as adjudicatory experience in view of the requirement of the Industrial Tribunal, shall recommend a panel of two or three persons as it deems fit for appointment to each post.
- (5) A Judicial or Administrative Member shall hold office for a term of three years from the date on which he enters upon his office or till he attains the age of sixty five years, whichever is earlier.
- (6) The salary allowances of the Judicial and Administrative members of the Tribunal shall be,-
 - (a) in case of appointment of a serving Judicial/ Government Officer, the existing salary and allowances admissible to him in previous service;
 - (b) in case of appointment of a retired person, the salary and allowances last drawn reduced by the pension;
 - (c) in case of appointment of a serving Judicial/ Government Officer, the allowances and other service conditions of a Judicial/Administrative member of the Tribunal shall be same as in their previous service.
- (7) A retired person appointed as Judicial/Administrative Member shall be entitled for rent free accommodation or house rent allowance at the, rate as admissible to an officer of the Government of Uttar Pradesh holding Group-A post carrying the same pay.
- (8) In case of appointment of a retired person, the other terms and

conditions of service shall be such as specified by the State Government by general or special order.

- (9) If a retired person appointed as Judicial or Administrative member does not join within a period of one month from the date of appointment, then the State Government may cancel his appointment and thereafter the vacant post shall be filled from the person in waiting list.
- (10) If for any reason any vacancy occurs in the Industrial Tribunal, it shall be filled in the manner prescribed in sub-rule (4) of this rule.
- (11) The State Government, if it deems necessary, may transfer a Judicial/Administrative member appointed in an Industrial Tribunal to another Industrial Tribunal and may give additional charge of Judicial/Administrative member of any Industrial Tribunal to the Judicial/Administrative member of another Industrial Tribunal.
- (a) If a written and verifiable complaint is received by the State (12)Government, alleging any definite charge of misbehavior or incapacity to perform the functions as Judicial/Administrative Member, it shall make a preliminary scrutiny of such complaint. (b) If on a preliminary scrutiny, the State Government is of the opinion that there are reasonable grounds for making an inquiry into the truth of anv misbehavior Or incapacity Judicial/Administrative Member, it shall set up an inquiry which shall be headed by a person nominated by the Chairperson of the Selection Committee:

Provided that in case of an inquiry against a Judicial Member, the Chief Justice of High Court shall be consulted.

- (c) The Inquiry Officer shall complete the inquiry within a time of six months or such further time as may be specified by the Chairperson of the Selection Committee.
- (d) After conclusion of the inquiry, the Inquiry Officer shall submit its report to the State Government stating its findings and the reasons therefor on each of the charges separately with such observations on the whole case as it may think fit.
- (13) The State Government after affording the principal of natural justice, may remove any Judicial/Administrative member from the Industrial Tribunal.
- (14) A retired person appointed as Judicial/Administrative Member may resign his office at any time by giving notice to this effect in writing under his hand addressed to the State Government
- (15) The State Government shall, on recommendation of the Selection Committee, remove from office any Judicial/Administrative Member, who,-
 - (a) has been adjudged as an insolvent; or
 - (b) has been convicted of an offence which, involves moral turpitude; or
 - (c) has become physically or mentally incapable of acting as such a Judicial Member; or
 - (d) has acquired such financial or other interest as is likely to affect prejudicially his functions as a Judicial Member; or
 - (e) has so abused his position as to render his continuance in office prejudicial to the public interest;

Provided that where a Judicial/Administrative Member is proposed to be removed on any ground specified in clauses (b) to (e), he shall be informed of the charges against him and given an opportunity of being heard in respect of those charges.

Provided further that in case of removal of Judicial member, the Chief Justice of High Court shall be consulted

- (16) Matter relating to the terms and conditions of services with respect to which no express provisions has been made in these rules, shall be decided by the State Government after consultation Chairperson of the selection committee.
- (17) In case of retired Judicial/Government Officer, transfer travelling allowance for joining the Industrial Tribunal from home town to head quarter and vice-versa at the end of assignment shall also be admissible as entitlement of an officer of the Government of India holding Group A post carrying the same pay.
- (18) The State Government shall have power to relax the provision of any of these rules in respect of appointment, salary and allowances, resignation and other terms and conditions of service of Judicial/Administrative member of Industrial Tribunal.

Manner of holding 45(1) conciliation proceedings under sub-section (1), full report under sub-section (4) of Section 53

- 45(1) The Conciliation Officer, on receipt of a notice of a strike or lock-out given under Chapter VIII, shall forthwith arrange to interview both the employer and the workmen concerned with the dispute at such places and at such times as he may deem fit and shall endeavor to bring about a settlement of the dispute in question.
- (2) Where the Conciliation Officer receives no notice of a strike or lockout under Chapter VIII but he considers it necessary to intervene in the dispute, he may give formal intimation in writing to the parties concerned declaring his intention to commence conciliation proceedings with effect from such date as he, may deem fit.
- (3) The Conciliation Officer may require the employer or the party representing workmen or in the case of an individual workman, the workman himself involved in an industrial dispute, to submit a statement setting forth the specific matters in dispute to the Conciliation Officer concerned whenever his intervention in the dispute is required.
- (4) The Conciliation Officer shall adopt such other procedure as may be specified by the State government by general or special order.
- (5) If no such settlement is arrived at in the conciliation proceeding referred to in sub-rule (1), the Conciliation Officer shall send a full report to the parties concerned and to the State Government manually or electronically or in such form as may be required by the State Government by general or special order within seven days from the date on which the conciliation proceedings are concluded
- (6) The report referred to in sub-rule (2) shall contain inter-alia the submissions of the employer, worker or trade union, as the case may be, and it shall also contain the efforts made by the Conciliation Officer to bring the parties to the amicable settlement, reasons for refusal of the parties to resolve the dispute and the conclusion of the Conciliation Officer.

Application to Industrial 46(1) Tribunal and the manner of deciding application under sub-section (6) of

46(1) If any dispute which is not settled during the conciliation proceedings, then either of the concerned party may make an application in Form XVII before the Tribunal manually or electronically or in such manner for as may be required by the State

section 53 by Industrial Tribunal

- Government by general or special order within ninety days from the date of the report under sub-rule (5) of rule 44.
- (2) The application to Tribunal shall be accompanied with a statement containing complete details of dispute, documents and its list, and name, addresses, contact numbers and e-mail addresses (if possible) of the opposite parties.
- (3) The applicant shall file such number of applications in a registered envelope with address of the opposite parties, as is equivalent to the number of opposite parties.
- (4) The Tribunal, if satisfied prima-facie that the cause of dispute is legal, may take cognizance of the dispute and issue notice to the opposite parties fixing the date which shall be within one month from submission of application as far as possible, accompanied with application and statement submitted by person raising the dispute
- (5) If the opposite party is trade union or federation of trade union, notice shall be issued to the Secretary or General Secretary of the trade union or the federation of trade union and service to such Secretary or General Secretary shall be deemed service to the union or federation respectively.
- (6) If the Tribunal finds that the application is not in accordance with the rules, the application is incomplete or that the statement/document/ addressed envelope is not enclosed with the application it may direct the person raising the dispute to submit the same in accordance with the rules.
- (7) The opposite party or parties shall within 30 days from the date of first hearing so far as possible, file a written statement accompanied with the documents and the list of documents, list of witnesses and shall provide copies to other parties.
- (8) Within two weeks of submission of the written statements, other parties shall file their rejoinder and forward copies of the same to other parties.
- (9) The Tribunal shall frame issues for decision in the dispute on the basis of written statements and documents filed.
- (10) If a party raising the dispute, files an application on affidavit then the opposite party must file the written statement on affidavit, and if opposite party does not file the written statement on affidavit, the Tribunal may construct the material in application as true.
- (11) All evidences in the Tribunal shall be made on affidavit and opposite parties shall have the right to cross-examine the witnesses.
- (12) All parties may submit additional documents with prior permission of the Tribunal.
- (13) On completion of evidence, arguments may be heard immediately or a date may be fixed for arguments, which shall not be beyond a period of fifteen days from the closure of evidence.
- (14) The Tribunal shall not ordinarily grant an adjournment for a period exceeding a week at a time, but not in any case more than three adjournments in all, at the instance of the parties to the dispute, shall be granted:

Provided that the Tribunal for reasons at be recorded in writing,

may grant an adjournment exceeding a week at a time but not in any case more than three adjournments, at the instance of any one of the parties to the dispute.

In case any party defaults or fails to appear at any stage, the Tribunal may proceed with the case ex-parte, and decide the application in the absence of the defaulting party:

Provided that the Tribunal may on the application of either party before the submission of the award, revoke the order to proceed exparte, if it is satisfied that the absence of the party was on justifiable grounds, and proceed further to decide the matter as contested.

- (16)The Tribunal shall communicate its award, personally or electronically or in such manner and such form as may be required by the State Government by general or special order, to the parties concerned and the State Government or the Officer notified in this behalf within one month from the date of the pronouncement of the award.
- The Tribunal may summon and examine any person whose evidence (17)appears to it to be material for deciding the case and it shall be deemed to be a Civil Court within the meaning of sections 345, 346 and 348 of the Code of Criminal Procedure, 1973 (Act no.1 of 1974).
- (18)Where assessors are appointed to advise a Tribunal under sub-section (5) of section 49 in relation to a proceeding before it, the Tribunal shall obtain the advice of such assessors, but such advice shall not be binding on such Tribunals.
- A party in an award, who wants to obtain a copy of the award or other document, may obtain a copy of the award or other document after depositing the fee through court fee stamp manually or electronically in the Tribunal in the following manner, namely :-

(a) fee for obtaining a copy of an award or the document filed in any proceedings of Tribunal be charged at the rate of ten rupees per page.

- (b) for certifying a copy of any such award, order or document, a fee of ten rupees per page shall be payable and certifying fees shall be payable electronically.
- (20)Any person who is not a party to dispute may get copies of award or document after paying the fee as prescribed in sub-rule (19) of this rule.
- (21)The representatives of the parties appearing before a Tribunal shall have the right of examination, cross-examination and of addressing the Tribunal when evidence has been called.
- (22)The proceedings before Tribunal shall be held in open court: Provided that the Tribunal may direct any proceeding before it to be held by video conferencing: Provided further that the Tribunal may at any stage direct that any witness shall be examined or its proceedings be held in-camera.

Chapter VIII STRIKES AND LOCK-OUTS

The notice of strike referred to in sub-section (1) of section 62 shall be given to the employer of an industrial establishment in Form XVIII which shall be duly signed by the Secretary of bargaining union or Secretaries of trade unions in bargaining council relating to

Number of persons by whom the notice of strike shall be given, the person or persons to whom such notice shall be given and the manner of giving such notice under sub-section (4) of section 62

Manner of giving notice of lock-out under subsection (5) and authority under sub-section (6) of section 62 such industrial establishment, endorsing the copy thereof electronically or otherwise to the concerned Conciliation Officer, Labour Commissioner and the State Government.

- 48(1) The notice of lockout referred to in sub-section (2) of section 62 shall be given by the employer of an industrial establishment in Form XIX to the Secretary of every registered trade union relating to such industrial establishment endorsing a copy thereof to the concerned Conciliation Officer, Labour Commissioner and the State Government electronically. The notice shall be displayed conspicuously by the employer on a notice board or on electronic board at the main entrance of the industrial establishment.
- (2) If the employer of an industrial establishment receives any notice of strike as referred to in sub-section (1) of section 62 or gives notice of lockout to any person under sub-section (2) of section 62 then he shall within five days from the date of receiving such notice or from the date of giving such notice, intimate the same manually or electronically or in such a manner as required by the State Government by general or special order, to the concerned Conciliation Officer and Labour Commissioner.

Chapter IX LAY-OFF, RETRENCHMENT AND CLOSURE

Manner of serving notice before retrenchment of the worker under clause (c) of section 70

If any employer desires to retrench any worker employed in his industrial establishment who has been in continuous service for not less than one year under him then, such employer shall give notice of such retrenchment, in Form XX to the State Government, Labour Commissioner and the concerned Regional Additional/Deputy Labour Commissioner manually or electronically or otherwise by registered post or speed post.

Manner of giving an opportunity for reemployment to the retrenched workers under section 72

Where any vacancy occurs in an industrial establishment and there are workers of such industrial establishment are retrenched one year prior to the proposal for filling up such vacancy, then the employer of such industrial establishment shall offer an opportunity of reemployment to the retrench workers at least thirty days before by registered post or speed post and through e-mail to such retrenched workers who are citizens of India. If such workers give their willingness for employment, then the employer shall give them preference over other persons in filling up of such vacancy.

Manner of serving notice by the employer for intended closure under sub-section (1) of section 74 If an employer intends to close down an industrial establishment he shall give notice of such closure in Form XXI to the State Government and a copy thereof to the Labour Commissioner and the concerned Regional Additional/Deputy Labour Commissioner manually or electronically or otherwise by registered post or speed post.

Chapter X SPECIAL PROVISIONS RELATING TO LAY-OFF, RETRENCHMENT AND CLOSURE IN CERTAIN ESTABLISHMENTS

Manner of making application to the State Government by the employer for the intended lay-off and the manner of An application for permission under sub-section (1) of section 78 shall be made by the employer in Form XXII stating clearly therein the reasons for the intended lay-off and a copy of such application shall be served simultaneously to the worker concerned electronically and by registered post or speed post. Such application

serving copy of such application to workers under sub-section (2) of section 78

Time-limit for review under sub-section (7) of section 78

Manner of making application to the State Government by the employer for the intended retrenchment and manner of serving copy of such application workers under subsection (2) of section 79

Time-limit for review under sub-section (6) of section 79

Manner of making application to the State Government by the employer for intended closing down of industrial establishment and the manner of serving copy of such application to the representatives of workers under subsection (1) of section 80

Time-limit for review under sub-section (5) of section 80

The Contribution from other sources into reskilling fund shall also be displayed conspicuously by the employer on a notice board or on board at the main entrance of the industrial establishment.

- 53 The State Government may, either on its own motion or on the application made by the employer or any worker, review its order granting or refusing to grant permission under sub-section (4) of section 78 within a period of thirty days from the date on which such order is made.
- An application for permission referred to in sub-section (1) of section 79 shall be made by the employer in Form XXIII stating clearly therein the reasons for the intended retrenchment manually or electronically and a copy of such application shall also be sent to workers manually or electronically and by registered post or speed post. Such application shall also be displayed conspicuously by the employer on a notice board at the main entrance to the industrial establishment.
- The State Government may, either on its own motion or on the application made by the employer or any worker, review its order granting or refusing to grant permission under sub-section (3) of section 79 within a period of thirty days from the date on which such orders is made.
- An employer who intends to close down an industrial establishment to which Chapter X of the Code applies shall apply manually or electronically in Form XXIV for prior permission at least ninety days before the date on which intended closure is to become effective to the State Government, stating clearly therein the reasons for the intended closure of the industrial establishment and simultaneously a copy of such application shall also be sent to the registered trade unions operating in industrial establishment manually or electronically and by registered post or speed post.

57 The State Government may, either on its own motion or on the application made by the employer or any worker, review its order granting or refusing to grant permission under sub-section (2) of section 80 within a period of thirty days from the date on which such order is made.

Chapter XI WORKER RE-SKILLING FUND

- 8 In addition to contribution of employer under clause (a) of subsection (2) of section 83, the fund shall consist of-
 - (a) the contribution from Central Government or any body or authority of the Central Government.
 - (b) the contribution from State Government or any body or authority of the State Government.
 - (c) the contribution from such other sources as specified by State Government by general or special order.

Manner of utilization of 59 Every employer who has retrenched a worker or workers under this

fund under sub-section (3) of section 83

Code, shall, within ten days from the date of retrenchment of worker or workers shall electronically transfer an amount in accordance with clause (a) of sub-section (2) of Section 83 in the account to be maintained as required by State government by order. The name of the account shall be displayed on the website of the Department of Labour in Government of Uttar Pradesh and Labour Commissioner. The Account shall be operated by such authority and in such manner as specified by order of State Government. The fund so received shall be transferred by the Labour Commissioner or such authority as specified by State Government to each worker or workers' account electronically within forty five days of receipt of funds from the employer. The employer shall also submit the list containing the name of each worker retrenched, the amount equivalent to fifteen days of wages last drawn in respect of each worker along with their bank account details to enable the Labour Commissioner to transfer the amount in their respective account.

Chapter XII OFFENCES AND PENALTIES

Form of application for composition of Offences and manner composition of offence under section 89

- 60(1)If the officer notified by the State Government for the purposes of compounding of offences under sub-section (1) of section 89 (hereinafter referred to as the compounding officer), is of the opinion that the offence under the code is compoundable shall send a notice manually or electronically to employer in Form XXV.
- (2) The employer if so desires shall make application to compounding officer in Form XXVI manually or electronically and shall deposit the amount electronically within'fifteen days from the date of receipt of notice under sub-rule (1).
- If the accused complies with the requirement of sub-rule (2), the compounding officer shall compound the offence for the amount of money deposited by the accused and if the prosecution has not been instituted against the accused, no complaint for prosecution shall be instituted against the accused.
- If the offence is compounded after the institution of prosecution, the (4) compounding officer shall inform the authority appointed under subsection (1) of Section 85 or the competent Court in which the prosecution is pending and after receiving such intimation, the officer or Court shall discharge the accused and close the prosecution.
- The compounding officer shall exercise the powers to compound the offence under this rule, subject to the direction, control and supervision of the State Government.

Chapter XIII MISCELLANEOUS

Manner making complaint by aggrieved worker under section 91

- Every complaint under section 91 of the Code shall be made manually or electronically and by registered post or speed post in Form XXVII and shall be accompanied by as many copies as there are opposite parties mentioned in the complaint.
- Every complaint under sub-rule (1) shall be verified by the worker (2) making the complaint or by authorized representative of the worker proved to the satisfaction of the conciliation officer, arbitrator, Tribunal or the National Industrial Tribunal, as the case may be, to be acquainted with the facts of the case.

Manner of authorization

- 62
- Where the worker is not a member of any Trade Union, then, any

of worker for representing in any proceeding under subsection (1) of section 94

Manner of authorization of employer for representing in any proceeding under subsection (2) of Section 94 member of the executive or other office-bearer of any Trade Union connected with or by any other worker employed in the industry in which the worker is employed may be authorized by such worker to represent him in any proceeding under the Code relating to a dispute in which the worker is a party in Form-XXVIII.

Where the employer, is not a member of any association of employers, may authorize in Form-XXIX an officer of any association of employers connected with, or by any other employer engaged in, the industry in which the employer is engaged to represent him in any proceeding under the Code relating to a dispute in which the employer is a party.

By Order

Suresh Chandra

Additional Chief Secretary, Labour and Employment, U.P.

Form I

(See rule 3)

Form for memorandum of settlement.

Name of the parties:	
Representing Employer(s):	MACK)
Representing workmen:	477
Short recital	of the case

Terms of the	settlement
1	
	*Signature of Conciliation Officer
Copy to:	
(1) The Regional Additional/Deputy Labour C (2) The Labour Commissioner, U.P.	ommissioner, U.P

* Strike if settlement is arrived at outside the conciliation.

~

FORM II (See rule 8) Application for registration of a Trade Union

We hereby apply for registration of a Trade Union under the name of					
The a	The address of head office of Union is				
TOL . T					
ine U	nion came in	to existence	on the	Day of	20 and has
its roll on the date of this application					members
THE I	mon is a umo				N N 2020
profes	ision)	MASSES STATES	******************		industrie
		authorized	to make this anotic	ation by resolution of	Covered
-		- Hamilton Marcu	Signature	Occupation O	
Signe	d 1		- ig in airo	Оссираноц	Address
	2	and the same of th			
	3				
	4	Carlot of the State of the Carlot of the Car			
	5				
	6	1.114			
	7				
	2. 3. 4. 5.	Copy o resoluti Copy o	le III it by applicant f Constitution or b on adopting such of f resolution author	constitution or bye-law izing the applicant to	make application
To Registr Uttar P	7. rar of Trade U radesh	resoluti	of federation or ce on by members of SCHEDI	ntral organization of the member to the search of the member to the search of the member to the search of the sear	trade union a conv of
Registr	ar of Trade U	resoluti	of federation or ce on by members of SCHEDI List of the 0	ntral organization of the member to the memb	trade union, a copy of union.
Registr Uttar P Sr. No.	rar of Trade U radesh	resoluti	of federation or ce on by members of SCHEDI	ntral organization of the member to the search of the member to the search of the member to the search of the sear	trade union a copy of
Registr Uttar P	rar of Trade U radesh	resoluti	of federation or ce on by members of SCHEDI List of the 0	ntral organization of the member to the memb	trade union, a copy of union.
Registr Uttar P Sr. No.	rar of Trade Uradesh	In case resoluti	SCHEDI List of the G	ntral organization of each of the member of	trade union, a copy of union. Occupation
Registr Uttar P Sr. No.	rar of Trade Uradesh	Jmion, Name	SCHEDI List of the G	ontral organization of each of the member of	trade union, a copy of union. Occupation

Form III (See rule 10)

Register of Trade Unions

1	Serial No.					Officers		
2.	Name of union	Year of entering on office	Name	Age on entry	Address	Occupation	Year of relinquishing office	Other offices held in addition to member, ship of executive, with dates
3.	Address of head office	(1)	(2)	(3)	(é)	(5)	(6)	(7)
4.	Date of resignation							
5.	Number of application forms						1	
6	Light of members applying for registration							
11 (2 (3 (4 (5 (6 (9							



Form IV (See rule 11) Certificate of registration of Trade Unions

No.	*		
	It is hereby certified that the	hi	as beer
registe	red under the Industrial Relation Code, 202	20, thisday of	
	20		

		Registrar of Trade Unions, U.P.	ĺ.

(See rule 13)

STANDARD FORMAT OF AFFIDAVIT FOR REGISTRATION OF TRADE UNION BEFORE REGISTRAR OF TRADE UNION, U.P.

	BEFORE REGISTRA	R OF TRADE UNION, U.P.
The d	eponents submit	
1.	of Section 6 of Industrial Relation Cod	registration of Trade Union under sub-section (1) le 2020 read with Rule 8 under the name
	Union).	(Proposed name of the Trade
2.	That we are duly authorized to make a	pplication for the registration of the said union.
3.	That the content of application and docorrect and nothing have been conceal	cuments attached with application are true and ed.
		Signature of the deponents
		1-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		2
		3-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		4
		5
		, 6
	*	7+
	Ve	rification
It i		id affidavit are to the best of my Knowledge and ue and correct.
Date	// (dd/mm/yy)	Signature of Applicant(s)
Date	// (dd/mm/yy)	Signature of Applicant(s)

Form VI (See rule 14)

General statement of liabilities and assets on the	. day of
20	

	Rupees	Assets	Rupees
Liabilities	Rupecs		
Amount of general fund	40 240 0000	Cash	100000000000000000000000000000000000000
Amount of political fund	1-01 1000	In the hand of treasurer	
Loans from 1		In hands of Secretory	Telephone Contract
2	100000000	In the bank	
	ACCOUNT SCHOOLS	In the bank	-100011-1111111111111111111111111111111
Debts due to, 1		Securities as per list below	33371111111333334
Other liabilities I	Kanasana	Unpaid subscription due	+11 (1+++14) (14) (14)
2,		Loans to 1	***************************************
		Immovable property	- Anne Henry
		Goods and furniture	-,immonomini
		Other assets I	
		4	
Total liabilities	1.4444,00000	Total Assets	201100000000000000000000000000000000000

	List	of securities .	A CONTRACTOR OF THE PARTY OF TH
Particulars	Normal value	Market value	In hands of
*	110111000001111100000		

~~~

### Form VII (See rule 15) Application for withdrawal or cancellation of

# certificate of registration

| Name of the Trade Union                                                                                                                                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Registration No (Address)                                                                                                                                                                                                                   |
| Dated the Day of20                                                                                                                                                                                                                          |
| To, The Registrar of Trade Unions,                                                                                                                                                                                                          |
|                                                                                                                                                                                                                                             |
| The above mentioned trade union desires that its certificate of registration under the Trade Unions Act, 1926./ Industrial Relation Code, 2020 may be withdrawn or cancelled, Resolution passed at a general meeting duly held on theday of |

(Here give exact and true copy of the resolution)

\* if not at a general meeting, state in what manner the request has been determined upon.

### FORM VIII (See rule 18)

| 1. | Name and Address of the Union                                                                           |
|----|---------------------------------------------------------------------------------------------------------|
|    | Registration number and Date                                                                            |
| 3. | Following changes occurred in Executive body in the General Assembly which has been held on/ (dd/mm/yy) |

| Designation          | Name      | Age | Address            | Occupation       |
|----------------------|-----------|-----|--------------------|------------------|
| 1                    | 2         | 3   | 4                  | e coccupation    |
|                      |           | -   |                    | 3                |
|                      |           |     |                    |                  |
|                      |           |     |                    |                  |
|                      |           |     |                    |                  |
|                      |           |     |                    |                  |
|                      |           |     |                    |                  |
|                      |           |     |                    |                  |
| 1.                   |           |     |                    |                  |
| Signature            |           |     | Siganture          |                  |
| Ex-Chairman/Preside  | ent       |     | Elected Chairman/I | best description |
| Ex-GeneralSecretary/ | Secretary |     |                    |                  |
| J. Mariatan J.       | occious y |     | Elected GeneralSec | retary/Secretary |

#### Note.

- (1) If the signature of Chairman/President and general Secretary/Secretary cannot be got, its sufficient reason shall be mentioned.
- (2) If Change in Executive Body occurred due to resignation of any office bearer, the certified copy of such resignation shall be attached with this form.



## FORMIX

## (See rule 23 (1))

# Notice of amalgamation of trade unions

|       |           |                       |                                  | ie umon                                                                                                                                                                           |
|-------|-----------|-----------------------|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1     | b.        | Name of               | registered trac                  | le union                                                                                                                                                                          |
|       |           | Number o              | of registration                  | (and so on if more than two).                                                                                                                                                     |
|       | (Ac       | ldress)               |                                  |                                                                                                                                                                                   |
|       |           |                       | Dated                            | the day of 20                                                                                                                                                                     |
| То    |           |                       |                                  |                                                                                                                                                                                   |
|       | The       | e Registra            | r of Trade Un                    | ions,                                                                                                                                                                             |
| Sect  | ion       | 24 of the             | Industrial Re                    | hat in accordance with the requirements of sub-section (3) of<br>dation Code, 2020, the members of each of the above-mentioned<br>become amalgamated together as one trade union. |
|       | An        | d that the            | following are                    | the terms of the said amalgamation (state the terms).                                                                                                                             |
|       | An        | d that it is          | intended that                    | the trade union shall henceforth be called the                                                                                                                                    |
| ama   | Ac<br>lga | company<br>mated trac | ing this notice<br>de union whic | e is a copy of the rules intended to be henceforth adopted by the<br>h are the rules (if so) of the                                                                               |
|       |           | (To be si             | gned by seven                    | members and the Secretary of each trade union)                                                                                                                                    |
|       |           | 547                   |                                  | × control of                                                                                                                                                                      |
| Signo | (be       | 1.                    |                                  | Secretary                                                                                                                                                                         |
| Jigin | cu)       | 2.                    |                                  |                                                                                                                                                                                   |
|       |           | 3.                    |                                  |                                                                                                                                                                                   |
|       |           | 4.                    |                                  | Members                                                                                                                                                                           |
|       |           | 5.                    |                                  |                                                                                                                                                                                   |
|       |           |                       |                                  |                                                                                                                                                                                   |

V ---

# FORM X

# (See rule 23 (3))

# Register of Amalgamation of Unions

| Sr.<br>No. | Names of the<br>Amalgamated Unions | Name of the Union in<br>which unions are<br>amalgamated | Date of notice of<br>Amalgamation | registrar<br>recorded<br>amalgamation |
|------------|------------------------------------|---------------------------------------------------------|-----------------------------------|---------------------------------------|
|            |                                    | 3                                                       | A                                 | 5                                     |
| 1          | 2                                  | 3                                                       |                                   |                                       |

## FORM XI

# (See rule 25)

|                                                  |          | 26 of the Industrial Relation Code , 2020) for the           |
|--------------------------------------------------|----------|--------------------------------------------------------------|
|                                                  |          |                                                              |
|                                                  |          |                                                              |
|                                                  |          |                                                              |
| Return to be made by federation of trade union-  | A.       | Number of unions affiliated at the beginning of the year     |
|                                                  | B.       | Number of unions joining during the year                     |
|                                                  | C.       | Number of unions disaffiliated during the year               |
|                                                  | D.       | Number of unions affiliated at the end of the year.          |
| Return to be made only by trade union-           | Α.       | Number of members on books at beginning of the year          |
|                                                  | B.       | Number of members admitted during the year (add together)    |
|                                                  | C.       | Number of members who left during the year (deduct)          |
| ***                                              | D.       | Total number of members on books at the end of the year.     |
|                                                  |          | Male                                                         |
|                                                  |          | Female                                                       |
| (The name of the affiliated and disaffiliated un | nions sh | culd be given in separate statement marked 'A', 'B' and 'C') |
|                                                  |          | Number of members contributing to political                  |
|                                                  |          | fund                                                         |
| A copy of the rules of the trade union appended. | correct  | ed up to the date of despatch of this return is              |

Date the .....20.....

Secretary

Statement of liabilities and Assets

on ......20..... Liabilities Rs Rs Amount of general fund Cash ... In hands of Treasurer Amount of political fund In hand of Secretary Loans taken from In hands of ..... In the ...... Bank ..... Securities as per list below: Debts due to ..... Unpaid subscription due. Loans to-Immovable property ..... Other liabilities (to be specified) Goods and furniture ..... Other assets (to be specified) Total Liabilities Total Assets List Of Securities Market price at date on In hands of Particulars Face value Cost price which accounts have been made Treasure General Fund Accounts Expenditure Income Rs Rs Balance at the beginning of the year Salaries, allowances and expenses of officers ..... Contribution from members at Salaries, allowances and expenses of .....per member establishment ..... Donation ..... Auditors fee ..... Sales of periodicals, books, rules, Legal expenses ..... etc. Interest on investments Expenses conducting in disputes..... Income from miscellaneous source Compensation paid to members for loss (to be specified) arising out of State disputes ..... Funeral. agc, sickness. unemployment benefits, etc, educational, social and religious benefits..... Cost of publishing periodicals ..... Rents, rates and taxes, stationary, printing and postage ..... Other expenses (to be specified)......

Total

Balance at the End of the year .......

Total

# Political Fund Accounts

| Pe                                     | olitical | Expenditure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |    |
|----------------------------------------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| Income                                 | Rs       | The second secon | Rs |
| Balance at the beginning of the year   |          | Payment made on object specified in Section 16(2) of the Trade Unions Act, 1926 (to be specified)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |
| Contribution from members atper member |          | Expenses of management (to be fully specified)  Balance at the End of the year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |    |
| Total                                  |          | Total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | -  |
|                                        |          | 747                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |    |

Treasure

# Auditor's Declaration

The undersigned, having had access to all the books and accounts of the trade union, having examined the foregoing statements and verified them with the account vouchers relating thereto, now sign the statement as found to be correct, duly vouched and in accordance with the law, \*subject to the remarks, if any, appended hereto.

Auditor.

\* delete the words, if no remarks are made.

# Officers Relinquishing Office

The following changes of officers have been made during the year:

| 49   | Name             | ŝ                  |                     | fice                                     | Date of re                                                     | linquishing office                                                               |
|------|------------------|--------------------|---------------------|------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------------------------------|
|      |                  |                    | Officers            | appointed                                |                                                                | re hold                                                                          |
| Name | Date of<br>birth | Private<br>address | Personal occupation | Title of<br>position<br>held in<br>union | Date on<br>which<br>appointment<br>in column 5<br>was taken up | Other offices held<br>in addition to<br>membership of<br>executive with<br>dates |
| 1    | 2                | 3                  | 4                   | 5                                        | 6                                                              | 7                                                                                |

Secretary of Union

### Form XII

(See Rule 29 (a))

| Form of Application | for adjudication | of Trade Unio | ons Disputes |
|---------------------|------------------|---------------|--------------|
|---------------------|------------------|---------------|--------------|

Before Industrial Tribunal.....

Between

(Name and designation of Applicant)

And

( Name and designation of Opposite party/parties)

Brief recital of the Trade Union Dispute

Signature of Applicant

### Verification

It is verified that the content of the application is to the best of my knowledge and belief, true and correct

Signature of Applicant

# FORM XIII

# (See Rule 38)

# Form of register for final certified copy of standing order

| Name of the | Region    | /************************************* |
|-------------|-----------|----------------------------------------|
| Name of the | district. |                                        |

| Name of the applicant  Name and address of the Establishment  Name and address of the Establishment  Number of invariantes of the Trade Union or representative of workers in the establishment  Number of members of the Trade Union or representative of members of the Trade Union of Manter of Sanction  Notifications made (in brief)  Date of Sanction  Modifications made (in brief)  12 |                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                |                                                                      | 111 Modification                                                    | IV Modification |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|----------------------------------------------------------------------|---------------------------------------------------------------------|-----------------|
| 2 2 8 9 10 11 12 13 14 15 16 1 18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                               | I Modification                                 | 11 Modification                                                      | III Modification                                                    |                 |
| 2 2 8 9 10 11 12 13 14 15 16 1 18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | to of the applicant  to and address of the Establishment  as and address of the employer  suite and address of the employer  maker of workmen in the establishment  meer of workmen in the establishment  country to the establishment  bether Model Standing order adopted  bether Standing Order certified  bether Standing Order certified  to the First Schedule applicable  tare of the First Schedule applicable  tare of Certification | soction<br>tions made (in breef)<br>pplication | Dare of Application Date of Sanction Modifications inside (in brief) | Date of application  Date of Sarstion  Mechications made (in brial) |                 |
| 2 8 9 10 11 15 17                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Z                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                | 6 1 18 19                                                            | 20 21 22                                                            | 23 24           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                               | 3 14 15 3                                      | 7                                                                    |                                                                     | -               |

# Form XIV (See rule 40)

# Notice of Change of Service Condition proposed by an Employer

| Title of Came                                                                                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name of employer                                                                                                                                                   |
| Address                                                                                                                                                            |
| Dated the Day of                                                                                                                                                   |
| In accordance with section 40 of the Industrial Relation Code, 2020, I/We                                                                                          |
| bereby give notice to all concerned that it is my/our intention to effect from                                                                                     |
| In the conditions of service applicable to workmen in                                                                                                              |
| respect of the matters specified in the Fourth Schedule to the said Act.                                                                                           |
| Signature                                                                                                                                                          |
| Designation                                                                                                                                                        |
| ANNEXURE                                                                                                                                                           |
| HERE SPECIFY THE CHANGE /CHANGES INTENDED TO BE                                                                                                                    |
| EFFECTED.                                                                                                                                                          |
| Copy forwarded to:                                                                                                                                                 |
| (1) The Secretary of registered trade union;                                                                                                                       |
| (2) The Regional Additional/Deputy Labour Commissioner, U.P  [Here enter office address of the Assistant labour Commissioner (Central in the local area concerned] |
| (3) The Labour Commissioner , U.P.                                                                                                                                 |
|                                                                                                                                                                    |

### (See rule 41)

#### AGREEMENT

| Representing | emp | loyers. |
|--------------|-----|---------|
|--------------|-----|---------|

Representing workmen/workman.

It is hereby agreed between the parties to refer the following dispute to the arbitration of ....... (here specify the name (s) and address (es) of the arbitrator (s)):

- Specific matters in dispute.
- (ii) Details of the parties to the dispute including the name and address of the establishment or undertaking involved
- (iii) Name of the workman in case he himself is involved in the dispute or the name of the union if any representing the workman or workmen in question.
- (iv) Total number of workmen employed in the undertaking affected.
- (v) Estimated number of workmen affected or likely to be affected by the dispute.

\* We Further agree that the majority decisions of the arbitrators (s) be binding on us/in case the arbitrators are equally divided in their opinion, that they shall appoint another person as umpire whose award shall be binding on us.

Witnesses.

(1)

(2)

Copy to .-

- (ii) The Labour Commissioner, U.P.
- (iii) The Secretary to the Government of Uttar Pradesh, Ministry of Labour, Employment, Lucknow
  \*Where applicable

|              | Signature of Parties  |
|--------------|-----------------------|
| -06          | Representing Employer |
| Representing | Workman/Workmen       |



#### Form XVI

#### (See rule 43)

#### Resolution

| Sr.no. | Name of representatives | Designation | Address |
|--------|-------------------------|-------------|---------|
| 1      | 2                       | 3           | 4       |
| 2      |                         |             |         |
| 3      |                         |             |         |
| 4      |                         |             |         |
| 5      |                         |             |         |

All actions of the above mentioned representative shall be binding upon us.

| Sr.No. | Name of the<br>workers                  | Signature | Sr.No. | Name of the<br>workers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Signature |
|--------|-----------------------------------------|-----------|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| 1      | 000000000000000000000000000000000000000 |           | 27     | TO A STATE OF THE |           |
| 2 3    |                                         |           | 28     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |           |
| 3      |                                         |           | 29     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |           |
| 4      |                                         |           | 30     | 160                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |
| 5      |                                         |           | 31     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |           |
|        |                                         |           | 32     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |           |
| 7      |                                         |           | 33     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |           |
| 8      |                                         |           | 34     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |           |
| 9      |                                         |           | 35     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |           |
| 10     |                                         |           | 36     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |           |
| 11     | 10                                      |           | 37     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |           |
| 12     |                                         |           | 38     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |           |
| 13     |                                         |           | 39     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |           |
| 14     |                                         |           | 40     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |           |
| 15     |                                         |           | 41     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |           |
| 16     |                                         |           | 42     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |           |
| 17     |                                         |           | 43     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |           |
| 18     |                                         | 81        | 44     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |           |
| 19     |                                         |           | 45     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |           |
| 20     |                                         |           | 46     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |           |
| 21     |                                         |           | 47     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |           |
| .22    |                                         |           | 48     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |           |
| 23     | 0.0                                     |           | 49     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |           |
| 24     |                                         |           | 50     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 0         |
| 25     |                                         |           | 51     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |           |
| 26     |                                         |           | 52     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |           |

#### Form XVII

#### (See rule 46)

| Before Industrial Tribunal(Name and Place of Industrial Tribunal)                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------|
| Between                                                                                                                                     |
|                                                                                                                                             |
| Name and address of applicant)                                                                                                              |
| ∧nd                                                                                                                                         |
| ***************************************                                                                                                     |
| (Name and address of opposite party/parties)                                                                                                |
| following dispute exits between me/us and opposite party /parties , the detail of which are given below:-                                   |
|                                                                                                                                             |
|                                                                                                                                             |
|                                                                                                                                             |
| The above mentioned dispute has been negotiated before the conciliation officerbut no settlement arrived at during conciliation proceeding. |
| Therefore I/We submit the dispute before the Tribunal for adjudication.                                                                     |
| Signature                                                                                                                                   |
| (Name and Address)                                                                                                                          |
| Verification                                                                                                                                |
| It is verified that the content of application is to the best of my knowledge and belief, true and correct.                                 |
| Signature                                                                                                                                   |
| (Name and Address)                                                                                                                          |

#### Form XVIII

(see rule 47)

## FORM OF NOTICE OF STRIKE TO BE GIVEN BY BARGAINING UNION OR UNIONS IN BARGAINING COUNCIL

| [Name of five elected representatives of workmen]                                                                                                                                                                                                                           |                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| Dated the Day of20                                                                                                                                                                                                                                                          |                           |
| То                                                                                                                                                                                                                                                                          |                           |
| (the name of the employer)                                                                                                                                                                                                                                                  |                           |
| Dear sir/Sirs,                                                                                                                                                                                                                                                              |                           |
| In accordance with the provisions contained in sub-section Industrial Relation Code, 2020, I/We hereby give you notice a strike/propose to go on strike on                                                                                                                  | that I/We propose to call |
|                                                                                                                                                                                                                                                                             | Yours faithfully,         |
|                                                                                                                                                                                                                                                                             | Secretary of the          |
|                                                                                                                                                                                                                                                                             | Bargaining Union          |
|                                                                                                                                                                                                                                                                             | /Bargaining Council       |
|                                                                                                                                                                                                                                                                             | <b>:</b>                  |
| ANNEXURE                                                                                                                                                                                                                                                                    |                           |
| Statement of the                                                                                                                                                                                                                                                            |                           |
| case                                                                                                                                                                                                                                                                        |                           |
|                                                                                                                                                                                                                                                                             |                           |
|                                                                                                                                                                                                                                                                             |                           |
| (M. 4.8)                                                                                                                                                                                                                                                                    |                           |
|                                                                                                                                                                                                                                                                             |                           |
| 4,530,6                                                                                                                                                                                                                                                                     |                           |
| Copy to:                                                                                                                                                                                                                                                                    |                           |
| <ol> <li>The Regional Additional/Deputy Labour Commissioner (Here enter office address of the The Regional A Commissioner, U.P in the local area concerned)</li> <li>The Labour Commissioner, U.P.</li> <li>Secretary to Government of U.P. in the M Employment.</li> </ol> | Additional/Deputy Labour  |

#### Form XIX

(See rule 48)

## FORM OF NOTICE OF LOCK-OUT TO BE GIVEN BY AN EMPLOYER CARRYING ON A PUBLIC UTILITY SERVICE

#### Form XX (See rule 49)

# FORM OF NOTICE OF RETRENCHMENT TO BE GIVEN BY AN EMPLOYER UNDER CLAUSE (C) OF SECTION 70 OF THE INDUSTRIAL RELATION CODE,

| 2020.                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| Name of employer                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
| Auditess                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
| Dated theday of                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
| To,                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
| The Secretary to the Government of Uttar Pradesh,                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
| Ministry of Labour and Employment,                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
| Sir,                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
|                                                                                     | a 72 T 12 13 19 19 19 19 19 19 19 19 19 19 19 19 19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                         |
| Under Clause (c) of Section 70 of the Industrial Rel                                | lation Code, 202                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 0, I/we hereby inform                   |
| you that I/we have decided to retrench Wo                                           | rkers with effect                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | from                                    |
| / (dd/mm/yy) for the reasons explained                                              | in the Annexure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | S                                       |
| 2. The workmen concerned were given on the                                          | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (dd/mm/vay) () as                       |
| months notice in writing as required under clause (a) of sec                        | ction 70 of the Co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ode                                     |
| 3. The workmen Were given or the one month                                          | 's pay in lieu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | of notice as required                   |
| under clause (a) of section /0 of the Code.                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
| ***4. Retrenchment is being effected in pursuance                                   | e of an agreeme                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | nt a conv of which is                   |
| enclosed.                                                                           | o in an agreeme                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | inc, a copy of which is                 |
| 5. The Total number of workmen employed in                                          | the industrial as                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | tobliohmant is                          |
| and the total number of those who will be affected                                  | by the estranch                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | abiishment is                           |
| Category and designation of workmen to be retrenched                                | by the retrench                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ment is given below;-                   |
| and desirgination of workmen to be retremened                                       | The second secon | er of workmen                           |
| 1                                                                                   | *Employed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | To be retrenched                        |
|                                                                                     | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 3                                       |
|                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
| 6. I/We hereby declare that the workman/workmen                                     | concerned has/h                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ave been/will be paid                   |
| compensation due to them in accordance with provisions of                           | f clause (b) of S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ection 70 of the Code                   |
| on/(dd/mm/yy) the expiry of the notice                                              | e period.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                         |
|                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Yours Faithfully,                       |
|                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 100000000000000000000000000000000000000 |
|                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Signature                               |
|                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (Name and                               |
|                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
|                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | designation)                            |
| *, **, *** Delete the portion which is not applicable.                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ++                                      |
| ported which is not at procaste.                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
| ANNEXURE                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
| STATEMET OF PEASONS                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
| STATEMNT OF REASONS                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | *******                                 |
| ***************************************                                             | ********                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                         |
| The Project Addition Up                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
| 1. The Regional Additional/Deputy Labour Commission                                 | oner, U.P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 900                                     |
| (Here enter office address of the Regional Additiona<br>J.P in local area concerned |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
| P in Local area ages at                                                             | I/Deputy Labou                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | r Commissioner.                         |
|                                                                                     | I/Deputy Labou                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | r Commissioner,                         |
| 2. The Labour Commissioner, U.P.                                                    | l/Deputy Labou                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | r Commissioner,                         |
|                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | r Commissioner,                         |

V-->

#### Form XXI (See rule 51)

# FORM OF NOTICE OF CLOSURE TO BE GIVEN BY AN EMPLOYER UNDER SUB-SECTION 1 OF SECTION 74 OF THE INDUSTRIAL RELATION CODE, 2020

| Name of the employer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Adress                                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| Dated the Day of20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                           |
| To,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                           |
| The Secretary to the Government of Uttar Pradesh                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | i.,                                                       |
| Ministry of Labour and Employment, Lucknow.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                           |
| Sir                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                           |
| Under Sub-Section (1) of Section 74 of the Indus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | trial Relation Code, 2020, I/we                           |
| of undertaking) with effect from/(explained in the Annexure. The number of working                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (dd/mm/yy) for the reasons<br>nen whose services would be |
| terminated on account of the closure of the undert                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | aking is                                                  |
| of workmen).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Yours faithfully,                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Signature                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (Name and Desigantion)                                    |
| ANNEXURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                           |
| STATEMENT OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                           |
| REASONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                           |
| ***************************************                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                           |
| as the first of the same of th |                                                           |
| ************************************                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                           |
| Copy to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                           |
| The Regional Additional/Deputy Labour Commis  [Here enter office address of the The Regional Additional the local area concerned]  The Labour Commissioner, U.P.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ssioner, U.P                                              |
| Z. THE LABOUR COMMINISSIONER, C.I.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                           |

#### Form XXII

# FORM OF APPLICATION FOR PERMISSION TO LAY-OFF, TO CONTINUE THE LAY-OFF WORKMEN IN INDUSTRIAL ESTABLISHMENTS TO WHICH PROVISIONS OF CHAPTER X OF THE INDUSTRIAL RELATION CODE, 2020 APPLY

To.

The Secretary to the Government of Uttar Pradesh.

Ministry of Labour and Employment, Lucknow.

Sir,

Permission is solicited \*for the lay off/to continue the lay-off of the said workmen. Such of the workmen permitted to be laid off will be paid such compensation, if any, to which they are entitled under sub-section (6) of Section 78, read with Section 67, of the Industrial Relation Code, 2020.

Yours faithfully (Signature) Name and Designation.

\*Strike out whatever is inapplicable

#### ANNEXURE

#### (please give replies against each item)

#### Item no.

- Name of the undertaking with complete postal address, including telegraphic addresses and telephone number, E-Mail Address.
- Status of Undertaking,-
  - Whether Central public sector/State public sector/foreign majority company/joint sector, etc.
  - (ii) If belongs to large industria house, please indicate the controlling group; and is a foreign majority company indicate.
     The extent of foreign holdings.
  - (iii) Whether the undertaking is icensed/registered and if so, name of licensing/registration authority and license/registration certificate numbers.
- (a) Name and address of the affected workers proposed to be laid off/names and addresses of the workers laid off before the commencement of the Industrial Relation Code, 2020 and the dates from which each of them has been laid off.
  - (b) The nature of the duties of the workers referred to in sub item (a), the units/sections/shops where they are or were working and the wages drawn by them.
- 4. Items of manufacture and scheduled industry/industries under which they fall.
- 5. Details relating to installed capacity, licensed capacity and utilized capacity.
- 6. (i) Annual production, item wise, for the preceding three years.
  - (ii) Production figures, month wise, for the preceding twelve months.



- 7. Work-in -progress, item wise and value wise.\
- Any arrangements regarding off-loading or sub-contracting of products or any components thereof.
- Position of the order book, item wise and value-wise for a period of six months and one year next following and for the period after the expiry of the said One Year.
- Number of working days in a week with the number of shifts per day and the strength of workers per each shift.
- 11. Balance sheets, profit and loss accounts and audit reports for the last three years.
- 12. Financial position of the company.
- 13. Names of the inter-connected companies or companies under the same management,
- 14. (i) The total number of worker (cateogary-wise), and the number of employees other than workers as defined under Industrial Relation Code, 2020 employed in the undertaking.
- Administrative, general and selling cost in absolute terms/per year in the last three years and percentage thereof to the total cost.
- 16. Details of lay-offs restored to in the 1st three years (other than the lay off for which permission is sought), including the periods of such lay-off and the reasons therefore
- Anticipated savings due to the \*proposed lay off/ lay off for the continuance of which permission is sought.
- 18. Any proposal for effecting savings on account of reduction.-
  - (i) Managerial remuneration
  - (ii) Sales promotion cost, and
  - (iii) General administration expenses.
- 19. Position of stocks on last day of each of the month in the preceding twelve months.
- Annual sales figures for the last three years and month-wise sales figures for the preceding twelve months both item-wise and value-wise.
- Reasons for the \*proposed lay-off/le y-off for the continuance of which permission is sought.
- 22. Any specific attempts made so far to avoid the \*proposed lay-off/layoff for the continuance of which permission is sought.
- 23. Any other relevant factors with deta is thereof.

\*Strike out whatever is applicable ].

#### FORM XXIII (See Rule 54)

Form of notice for permission for retrenchment of workmen to be given by on employer under clause (b) of sub-section (1) of section 79 of the Industrial Relation Code, 2020

| То | Date |
|----|------|
|    |      |

The Secretary to the Government of Uttar Pradesh, Ministry of Labour and En ployment, Lucknow.

Sir,

- 2- The workers \* concerned have been given notice since the retrenchment is under clause (a) of sub-section (1) of Section 79 / have not been given notice since the retrenchment is under an agreement (copy of which is enclosed)
- 3- The total number of workers employed in the industrial establishment is ..... and the total number of those who will be affected by the proposed retrenchment is as given below.

| Category and designation of<br>workers to be retrenched | Number of worker |                  |  |
|---------------------------------------------------------|------------------|------------------|--|
|                                                         | Employed         | To be retrenched |  |
| 1                                                       | 2                | 3                |  |

- Permission is solicited for the proposed retrenchment under clause (b) of subsection (1) of Section 79.
- 2- I we herby declare that the workers permitted to be retrenched will be paid compensation due to them under clause (b) of Section 70 of the Code.

Your Faithfully, (Signature) Name and Designation

\* Strike out whatever is inapplicable.

#### ANNEXURE

(Please give replies against each other)

Item no -

1- Name of the undertaking with complete postal address, including telegraphic addresses and telephone number. E-Mail Address.

- 2- Status of undertaking
  - Whether Central public sector/State public sector/ foreign majority company/joint sector etc.
  - (ii) If it belongs to large industrial house, please indicate the controlling group;
     and if a foreign majority company, indicate the extent of foreign holdings.
  - (iii) Whether the undertaking is licensed/registered and if so, name of licensing/registration authority and license/registration certificate numbers.
- 3- Name and addresses of the workmen proposed to be retrenched and the nature of their duties the units/sections/shops where they are working and the wages drawn by them.
- 4- Items of manufacture and scheduled industry/industries under which they fall.
- 5- Details relating to installed capacity, licensed capacity and the utilized capacity.
  - (i) Annual production, item wise for preceding three years.
  - Production figures month wise for the preceding twelve month.
- 7- Work in progress-item wise and value wise.
- 8- Any arrangements regarding off- oading or sub- contracting of products or any components thereof.
- 9- Position of the order book-item wise and value wise for a period of six months and one year next following, and for the period after the expiry of the said one year.
- 10-Number of working days in a week with number of shifts per day and strength of workers per shift.
- 11-Balance sheet: profit and loss account and audit reports for the last three years.
- 12- Financial position of the company.
- 13-Name of the inter-connected companies or companies under the same management.
- 14-(i) The total number of workers (category wise) and the number of employees other than workers as defined in Industrial relation Code, 2020, employed in the undertaking.
- 15- Administrative, general and selling cost in absolute terms per year for the last three years and percentage thereof to the total cost.
- 16-Details of retrenchment restored to in the last three years, including dates of retrenchment, the number of workers involved in each case and the reason thereof.
- 17-Has any of the retrenched workers been given re-employment and if so, when? Give details.
- 18-Are seniority lists maintained lists maintained in respect of the categories of workers proposed to be retrenched and if so, the details and the position of the worker affected indicating their length of service including broken periods of service?
- 19-Anticipated savings due to the proposed retrenchment.

- 20-Any proposal for effecting savings on account of reduction in-
  - (i) Managerial remuneration
  - (ii) Sales promotion cost, and
  - (iii) General administration expenses.
- 21-Positions of stocks on the last day of each of the months in the preceding twelve months.
- 22- Annual sales figures for the last three years and month-wise sales figures- for the preceding twelve months both item-wise and value-wise
- 23-Reasons for the proposed retrenchment.
- 24-Any specific attempt made so far to avoid the proposed retrenchment.
- 25-Any other relevant factors with details thereof.

#### Form XXIV

#### (See rule 56)

Form of notice of permission of closure to be given by an employer under sub-section (1) of Section 80 of the Industrial Relation Code, 2020

|   | _ |    |     |    |
|---|---|----|-----|----|
| - | _ |    |     | ۰  |
|   |   | ×  | -   | ۳. |
|   |   | a. | - 3 |    |
|   |   |    |     |    |

The Secretary to the Government of Uttar Pradesh,

Ministry of labour and Employment, Lucknow

Under section 80 of the Industrial Relation Code, 2020, I/we hereby inform you that I/we propose to close down the undertaking specified below of (name of the industrial establishment)

| (Give details of the undertaking) |  |
|-----------------------------------|--|
| **************                    |  |

With effect from ...../ ..........(dd/mm/yy) For the reasons explained in the Annexure.

- The number of worker whose services will be terminated on account of the closure of the undertaking ..... (number of workers).
  - 3. permission is solicited for the proposed closure.
- 4. I/we hereby declare that in the event of approval for the closure being granted, every worker in the undertaking to whom sub-section (8) of the said section 80 applies shall be paid compensation as specified in that section.

Yours faithfully,

(Signature)

Name and Designation

#### ANNEXURE

(PLEASE GIVE REPLIES AGAINST EACH ITEM)

Item no.

- 1- Name of the industrial establishment with complete postal address including telegraphic addresses and telephone number, E-Mail Address.
- 2- Status of undertaking.-

 (i) Whether central public sector/State public sector/foreign majority company/joint sector, etc.

If it belongs to large industrial house, please indicate the controlling group;
 and if a foreign majority company indicate the extent of foreign holdings.

- (iii) Whether the undertaking is licensed/registered and if so, name of licensing/registration authority and license/registration certificate numbers.
- 3- The total number and categories of workers affected by the proposed closure, along with the addresses of the workers and the details of wages drawn by them.
- Items of manufacture and scheduled industry/industries under which they fall.
- 5- Details relating to licensed capacity, installed capacity and the utilized capacity:
- 6- (i)Annual production items-wise and value wise.
  - (ii)Production figures month-wise for the preceding twelve months.
- 7- Work in progress- items wise and value-wise.
- 8- Any arrangement regarding off-leading or sub-contracting of products or any component thereof.
- 9- Details of persons or the organizations to whom the job/jobs is/are being entrusted/relationship/interest of the persons/organizations with the director/directors of the officer/officers of the company.
- 10- Position of the order book/item-wise and value-wise for a period of six months and one year next following, and for the period after the expiry of the said one year.
- 11- Number of working days in a week with the number of shifts per day and the strength of worker per shift.
- 12- Balance sheet and profit and loss account and audit reports for the last three years.
- 13- Financial position of the company.
- 14- (i) Names of inter-connected company or companies under the same management.
  - (ii)Details about inter-corporate investments and changes during the last one year.
  - (iii)Interest of any of the directors and officers of the under taking producing same or similar type of product.
- 15- Percentage of wages of workers to the total cost of production.
- 16- Administrative, general and selling cost in absolute terms per year for the last three years and percentage thereof to the total cost.
- 17- Inventory position-item-wise and value-wise for the preceding twelve months (Inventories to be shown in respect of finished products, components and raw materials to be shown separately item-wise and value-wise.)
- 18- Selling arrangement for the last three years and any change in the selling arrangement in preceding twelve months.



- 19- Full details of the interest of the directors and officers of the company in organization/person involved in selling product of the undertaking.
- 20- Buying arrangements for raw incterials and components.
- 21- Interest of the directors and officers with the organizations/persons involved in buying raw materials and components for the under taking.
- 22-Annual sales figures for the last three years and month-wise sales figures for the preceding twelve month both item-wise and value-wise.
- 23- Reasons for the proposed closure.
- 24-Any specific attempts made so for to avoid the closure.
- 25- Any other relevant factors with details thereof.

#### Form XXV [See rule-60]

### NOTICE FOR UNDER SUB-SECTION (1) OF SECTION 89 FOR COMPOSITION OF OFFENCE

| To, |                      |                                     |                                                  |          |                                  |                                                                      |                                  |                                      |                                        |                                  |
|-----|----------------------|-------------------------------------|--------------------------------------------------|----------|----------------------------------|----------------------------------------------------------------------|----------------------------------|--------------------------------------|----------------------------------------|----------------------------------|
|     |                      |                                     |                                                  |          |                                  |                                                                      |                                  |                                      |                                        |                                  |
|     | 1+3+++=              |                                     | ******                                           | 11.      |                                  |                                                                      |                                  |                                      |                                        |                                  |
|     |                      |                                     |                                                  |          |                                  |                                                                      |                                  |                                      | 33 8 8                                 | TEC 1970                         |
| (1) |                      | oundable u                          |                                                  |          |                                  | l violating<br>tion (1) of                                           |                                  |                                      |                                        |                                  |
| (2) | are he offence along | reby give<br>e, you ma<br>with depo | n notice<br>ay apply<br>sit of Ru<br>artal of La | for eco  | ffect that<br>mposition<br>/- tl | tion 89 rea<br>if you are<br>by submit<br>arough trea<br>aer. The de | willing<br>ting the<br>asury cha | to apply<br>applicati<br>illan or el | for compo<br>on in Fort<br>lectronical | sition of<br>m XXXI<br>ly on the |
|     |                      |                                     |                                                  |          |                                  |                                                                      |                                  |                                      |                                        |                                  |
|     | (ii)                 | Flow ch                             | art of ele                                       | ectroni: | payment                          | Or                                                                   | *********                        | *********                            |                                        |                                  |
|     |                      |                                     |                                                  |          |                                  |                                                                      |                                  | (Si                                  | gnature)                               |                                  |
|     |                      |                                     |                                                  |          |                                  |                                                                      |                                  |                                      | nd designat                            | tion                             |
|     |                      |                                     |                                                  |          |                                  |                                                                      | of th                            | e Officer                            |                                        | 000000000                        |

### Form XXVI

### [See rule-60] APPLICATION UNDER SUB-SECTION (1) OF SECTION 89 FOR COMPOSITION OF OFFENCE

|    | 10,                               |
|----|-----------------------------------|
|    |                                   |
| ti |                                   |
| C  | Kindly refer to your notice no    |
|    | (Signature) Name of the Applicant |
|    | (1) Name of the establishment:    |

#### Form XXVII

(See rule 61)

### COMPLAINTS REGARDING CHANGE OF CONDITIONS OF SERVICE UNDER SECTION 91.

| Beluie                                                                                                                                                                                                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Conciliation Officer     Arbitrator     Tribunal                                                                                                                                                                                                        |
| Between                                                                                                                                                                                                                                                 |
| (name and Address ofComplainant)                                                                                                                                                                                                                        |
| And                                                                                                                                                                                                                                                     |
| (name and Address of opposite party/parties)                                                                                                                                                                                                            |
| The Complainant (s) beg/begs to complaint that the Opposite party (ies) has/have been guilty of a contravention of the provisions of Section 90 of the Industrial Relation Code, 2020 as shown below;-                                                  |
| ·                                                                                                                                                                                                                                                       |
| F1 F                                                                                                                                                                                                                |
| ***************************************                                                                                                                                                                                                                 |
| (here set out briefly the particulars showing the manner at which the alleged contravention has taken place and the grounds on which the order or cet of the employer is challenged)                                                                    |
| The Complainant(s) accordingly prays/pray that the Conciliation Officer Arbitrator/Tribunal may be pleased to take into account in mediating or decide the complaint set out above and pass such order or orders thereon as it may deem fit and proper. |
| The Number of copies of the complaint and its annexures required under rule 51 of the Uttar Pradesh Rules on Industrial relation Code, 2020 are submitted herewith.                                                                                     |
| Signature of the Complainant (s)                                                                                                                                                                                                                        |
| Dated this                                                                                                                                                                                                                                              |
| Verification                                                                                                                                                                                                                                            |
| It is verified that the content of application is to the best of my knowledge and belief, true and correct.                                                                                                                                             |

Signature of the Complainant (s)

# Form XXVIII (See rule 62) REPRESENTATION OF PARTIES

| Delote                             |                   |                                             |
|------------------------------------|-------------------|---------------------------------------------|
| (He e mention th                   | e authority conce | med)                                        |
| In the matter of                   | - 10.             |                                             |
| Reference no                       | of                |                                             |
| ***********                        |                   | (worker)                                    |
|                                    | ersus             | -1816-1616-1716-1710-1711-1711-1711-1711-17 |
|                                    |                   | (Employer).                                 |
| I/We hereby authorize Shri/Sushree | ***********       | to represent me/us                          |
| in the above matter.               |                   |                                             |
| Dated this Day                     | of                | 20                                          |
|                                    |                   |                                             |
|                                    | ********          | ***************************************     |
|                                    | 00000000          |                                             |
|                                    | (Sign             | ature of worker (s) nominating the          |
|                                    |                   | representative (s))                         |
|                                    |                   | (Name and Address)                          |
| .0                                 |                   |                                             |
| Accepted                           |                   |                                             |
|                                    |                   |                                             |
|                                    |                   |                                             |
| ***********                        |                   |                                             |
|                                    |                   |                                             |
| (Signature of representative (s))  |                   |                                             |
| (Names and Addresses )             |                   |                                             |

# Form XXIX (See rule 63) REPRESENTATION OF PARTIES

| Deithe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| (Here mention the a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | uthority concerned)                                              |
| In the matter of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                  |
| Reference no                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | of                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (worker)                                                         |
| ven                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (Employer).                                                      |
| I/We hereby authorize Shri/Sushree .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                  |
| in the above matter.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | and the second second                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 7.0                                                              |
| Dated this Day o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 120                                                              |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  |
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| The state of the s |                                                                  |
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| Accepted                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                  |
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| (Signature of representative (s))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                  |
| (Names and Addresses.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                  |

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