

FORM 'I'
[See Rule 17(1)]

**Application for Amendment of Establishments Employing Contract Labour
Under Contract Labour (R & A) Rules, 1971**

U.T.N. / यु.टी.एन.

Status / स्थिति

Reg No / नोंदणी क्रमांक

1 Name of the Establishment / आस्थापनेचे नाव

Location of the Establishment / आस्थापनेचा पत्ता

State / राज्य

District / जिल्हा

City/Village / शहर/खेडे

PinCode / पिनकोड

Phone Number / दूरध्वनी क्रमांक

2 Postal address of the Establishment / आस्थापनेचा डापो चा पत्ता

State / राज्य

District / जिल्हा

City/Village / शहर/खेडे

PinCode / पिनकोड

3 Full name of the Principal Employer (Furnish father's name in the case of individuals) /
मुख्य मालकाचे संपूर्ण नाव

Full address of the Principal Employer / मुख्य मालकाचा संपूर्ण पत्ता

4 Full name of the manager or person responsible for the supervision and control of the
establishment / आस्थापनेचे पर्यवेक्षण व नियंत्रणासाठी जबाबदार असलेल्या व्यवस्थापकाचे संपूर्ण
नाव

Full address of the manager or person responsible for the supervision and control of the establishment / आस्थापनेचे पर्यवेक्षण व नियंत्रणासाठी जबाबदार असलेल्या व्यवस्थापकाचा संपूर्ण पत्ता

5 Type of business, trade industry, manufacture occupation carried on in the establishment. / अस्थापनेतर्फे केलेल्या जाणार्या व्यवसायाचे, धंद्याचे अथवा उत्पादनाचे स्वरूप

4 - A Estimated Date of Commencement of each Contract work under each contractor / प्रत्येक कंत्राटदाराचे प्रत्येक कंत्राटी काम सुरु होण्याची सध्याची दिनांक

6 Particulars of Contractors and Contract Labour / प्रत्येक कंत्राटदाराचे प्रत्येक कंत्राटी कामगाराची तपशीलवार माहिती

Name & Address of Contractor 1	Nature of work in which Contract Labour is employed or was employed on any day of the preceding twelve months 2	Maximum number of contract labour to be employed on any day through each contractor 3	Estimated or actual date of termination of employment of contract labour 4

I hereby declare that the particulars given above are true to the best of my knowledge and belief.

Principle Employer Seal or Stamp.

Time and Date of receipt of application with Treasury Receipt No. and date.

Officer of the Registering Office,
Signature of Registering Officer