

[illegible]

35. Application Type Application date Application under Air Act/Water Act/ Hazd, Waste Rules
Explain the purpose of this application and any other relevant information to be mentioned in the
A/W/H



**Form 6 2018 Drop Down Date (Auto generafer:i) Check box Text Information under Water Act :
WC Water Consumption / WWG Waste Water Generation (KLS / DAY) 36.37. 38. 39. 40. 41. 42.**

43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58- 59. so. 61. 62. 63. 64. 65, 66. 67. 68. 69

**70. Water Code Water Source Water Source Water Consumption KL/Day Waste Water Generation
KL/Oay Remarks Disposal Mode (IND) Di5posai Mode (Domestic) Point of Disposal Details
(Land/River/Publje Sewer/Recycle/ Any other) Ultimate Final Body (Name the catchment of natural
water course) Discharge Point (Mention discharge point location) Fresh WC Kipd OND/DOMI
WWG Kipd [IND/DOMI Tube wells/Boilers Bore weils/D.G Sets Capacity of Pumps(HP) / CSTP
Membership ETP Chamber Capacity Units Date of Commissioning STP Chamber Capacity Units
Remarks Emission Type Stack Attached To Ht-Mt Remarks/Capacity Stack Monitoring Facility (SMF)
Fuel Used(e.g LDO, Coal, Wood) APC (As per consent) Diameter(cm) Consumption/Hour &Unit Air
Pollution Control Measures Orop down(No of Fields -12) Drop Down(No of Fields -13) Text Numeric
Numeric Text Drop down(No of Fields - 14) Dro Down{No of Fields - 14) Text Text Text Numeric
Numeric Numeric (two fields) Numeric (two fields) Numeric Drop down(No of Fields— 2) Drop
Down(No of Fields - 70) Numeric Text Date DD/MM/WYY Drop Down(No of Fields - 70) Numeric Text
Text Drop down(No of Fields —4) Drop Down (Na of fields — 82) Numeric Text Drop down Fields —
04) (No of Drop Down(No of Fields — 25} Check box Numeric Numeric Check Box Multipie selection I
(No of Fields— 27) [4 (Tl) Mandator,' Mandatory Mandatory Mandatory Mandatory Mandaton/
Mandatory Mandatory Mandatory Mandatory Mandatory Mandatory Mandatory Mandatory Mandatory
Mandatory Mandatory Optional Optional Mandatory Mandatory Mandatory Mandatory Mandatory
Mandatory Mandatory Mandatory Mandatory Mandatory Mandatory Mandatory Mandatory Mandatory
Mandatory Mandatory Mandatory 4 (71)] 71. 72. 73. 74. 75**

**76. Waste Category Waste Name Quantity/Year Unit As Per Consent {APO Management of
Hazardous Waste Disposal 6 2018 Drop down (Noof Fields —63) Dependent Drop down for point 70
(No of Fields — 421) Numeric Drop down Check Box Check Box Multiple Selection Text Drop down(No
of Fields— 15} Numeric Text Checkbox Text Drop down Numeric Text Checkbox Text Numeric
Numeric Multiple check box(No of Fields — 4) Multiple check box(No of Fields — 4) Text 399 Raw
Material & Product: (Multi Row) 77. 78. 79. 80. 81. 82. 83. b4. 85**

**86. Product Name unit Applied Quantity Remarks As Per Consent (APC) Name of Main Raw
Materials & Auxiliary Chemicals Used Unit Existing Quantity Remarks As Per Consent (APC)
Solid Waste Do not Enter Hazardous Waste Details): 87.88. 89**

92. Waste Name QUantity Per Month Unit Solid Waste Disposal Solid waste collection Remarks
Mandatory Mandatory Mandatory Mandato Mandatory Mandatory Mandatory Mandato Non
Mandato Non Mandatory Non Mandatory Non Mandato Non Mandatory Non Mandatory Non
Mandatory Non Mandatory Non Mandato Non Mandatory Non Mandato Non Mandatory
Documents Required S No 1 2 3 4 5 6 7 1 2 3 4 5 1 2 1 2 3 Documents Required Land allotment
letter/}and allotment LOI Satellite imagery of roject / indust site Layout plan of the project/industry
Project report including complete details of manufacturing process / raw materials NOC of Gram
sabha local body Article of Association memorandum of Under standing Compliance of
Environment clearance conditions (If applicable) Documents for Water Consent: Effluent/Sewage
Treatment Plant Technical Report on ETP/STP Drawing of ETP/STP Permission of CGWA Of
applicable) Water Cess returns (if applicable) Documents for Air Consent: Technicak Specification
of Air Pollution Control Arrangements Schematic Diagram of Monitoring facility (Port Hoje &
Plate forrn with Spiral ladder) Documents for Authorization for hazardous waste; Details Of
SLF/tnclnerator (If applicable) List of hazardous waste generated



21. Fields captured in the application



14. Address Line 1 Address Line 2 City Select Your State Pin Code Address of Property 15.16

17. Address Line 1 Address Line 2 City T pe of Occupancy 18.19. 20

21. Select Your Occupancy Height of Building (in Meters) Plot Area Plot area unit Documents
Required • Mandatory populate) Alphanumeric Alphanumeric Text Dropdown Numeric
Alphanumeric Alphanumeric Text Dropdown(No of Fields Numeric Numeric Dropdown(No of
Fields -12) -3) Mandatory Optional Mandatory Mandatory Optionai Mandatory Fixed Mandatory
Mandatory Mandatory Mandatory Mandatory Mandatory Mandatory Mandatory Mandatory
Mandatory Mandatory Mandatory Mandatory Mandatory Mandatory Mandatory Mandatory S.No. 1 2 3 4 5 6
 Enclosures Copy of Ownership Document (Lease Deed / Registry (Summarized copy) / khasra) Building
 Fire Plans (each floor), Elevation Plan of Building, Section Plan of Building Copy of Certificate of Fire
 Consultant Qualification (If not listed in Department Website) Checklist (53 Points) certified by the fire
 consultant , owner or authorized person as per rules Copy of Approval letter and Approved Building plan
 (each floor) by competent Authority (Scanned in original size) Copy of Approval letter and Approved
 layout plan (each floor) by competent Authority (Scanned in original size) Either S or 6 D. Encru-
 ngpacunenl 6. Energy Conriection (HT) a, DISCOMs AppllcaUon



Form 6 2018 Oaka T pe Text Oate DDMMYYW Numeric Alphanumeric Numeric Text (Auto Populated)
 • HT Drop down (Auto Populated) Boolean {Radio Button) Date DD/MM/YYYY Date DD/MM/YYYY
 Orop Down(No of Fields -11) Drop Dos•.m (dependent , (No of Fields -11) Text Drop Down Drop Down
 Drop Down Dro Down Check Box Numeric Text Text Text Text Alphanumerlc Alphanumeric
 Alphanumeric Date (DO/MM/YYYY) Drop Down Alphanumeric 403 S.No 1. 2. 3. 4. 5. 6. 8. 9. 10. 11.
 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33, 34, Fields captured In
 the a Applicant Name DOB Aadhar Mobile No Aadhar Email ID Aadhar No Type of connection
 Applicatioo Type ilcation form Type of Electric Connection Start Date (for Temporary connection} End
 Oate (for Temporary connection) Category of Electric Connection Objective of Electric Connection
 Connealon address Khasra / Plot No CIRCLE Block Panchayat / Zone Ward / Viltage Communication
 address Same as above PIN code State Olstrlct Applicant Firm Name Name of
 Father/Husband/Manager/Partnet PAN card No TIN No in case of Government Agency) Registration No
 of Firm End Date of Registration Bank Name IFSC code Account NO Re-enter account number Required
 Load (KVA) Required Supply Voltage Contract Demand in phased manner Numeric Numeric Numeric
 Drop Oown(No Of Fields —4) Drop Down(No of Fields — 2 Numeric Mandatory / O tional Mandatory
 Mandato Optionab O tional Mandato Mandatory Optional Mandatory if electric connection = temporary If
 electric connectlon tem oracy Mandatory Mandatory Mandato Mandato Mandato Mandatory Mandato
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 A ency O tional Mandatory Mandatory Mandatory Option al If yes, mention contract demand {ia KVA)
 From Date To Date Documents Required s.No. 1 2 Documents Requled Registration deed of Land
 Partnership Deed / Proof of proprietor / :ite ot registrati01' com pany 404 Pre Operation Services 6 2018
 A- Food. Civil Supplies & Consumer Protection Departmept 1. License as Manufacturers of Weights &
 Measures Application Form s.No 1 2 3 4 5 6 7 8 9 10 11 12 13 14 16 17 19b 19c 19d 20 21 22 23a 23b
 23c Ftetds captured in the application form Benefician/s Aadhar Number Name of Applicant
 Fathers/Husband's Name Gender Category Email Mobile No Address (House No/Mohalla) District Tehsil
 Kshetra Ward Name of manufacturing concern for whom license is desired Premise Type Complete
 address of the concern whether the land is owned/rented/on lease along with supporting documents Date of
 establishment of workshop/factory Is this Limited Company (Yes/No) Type (Proprietor/Partner/ Managing
 Director) Name Father's/Husband's Name Address Current registration number of
 factory/shop/establishment/municipal trade license Date of factory/shop/establishment/munjcipal trade
 license Nature of manufacturing activities at present The types of weights and measures proposed to be
 manufactured viz: Weights Details Measures Details Weighing instruments Details Data Type Numeric
 Text Text Dropdown (No of Fiejds -3) Dropdown (No of Fields — 6) Alphanumeric Numeric
 Alphanumeric Dropdown Dropdown Dropdown(No of Fields -2) Dropdown Text Radio Button (No of
 Fields — 3) Alphanumeric Date (DD/MM/YYW) Radio Button Mandatory/ Optional Optional Mandatory
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 Mandatory Mandatory Mandatory Mandatory Mandatory Mandatory Mandatory • • Text Text YES 01,
 NO = 02 Proprietor = 01, Partner = 02, Managing Director Alphanumeric Alphanumeric DD/MM/YYYY
 Alphanumeric Alphanumeric Alphanumeric Alphanumeric = 03 Mandatory Mandatory Mandatory
 Mandatory Mandatory Mandatory Mandatory Mandatory Mandatory qPT4 (TI)] 24a 24b 24c 24d 26 27
 28 29 30 31a 31b 32 33 34 36a 36b 37 38 39 6 2018 Alphanumeric Numeric Numeric Numeric Numeric
 Alphanumeric Alphanumeric Alphanumeric Alphanumeric Alphanumeric Radio Button Yes = 01, No -02
 Text Alphanumeric Alphanumeric Alphanumeric Alphanumeric Radio Button Yes = 01, No = 02 Date
 DD/MM/YYYYY Alphanumeric Radio Button (No of Fields — 3) Alphanumeric Date DO/MM/YWY
 405 Measurin instruments Details The number of persons employed/proposed to be employed Skilled
 Semi-skilled Unskilled Specialist trained In line The monogram/ttademark intended to be imprinted on
 weights and measures to be manufactured Details of machinery, tools, accessories owned and used for
 manufacturing weights and measures etc. Details of foundry or workshop facilities arranged. Whether
 ownership or long term lease etc. Facilities of steel casting and hardness testing of vital arts etc. Or other
 means Availabliity of electrical ener Whether any loan received from government or financial institution.
 If yes give details Name of bankers Loan details GST number Professlonal_Tax registration Number IT
 Number Have you applied previously for a manufacturer's license? If yes when with what result. Previousl

manufacturer's license date Previous manufacturer's license details Whether the items proposed to be manufactured will be sold Details of Model Approval received from Government of India (ii) When can you produce for inspection samples of your products for which license is desired (OD/MM/YYYY) * Documents Required S.NO Enclosure/Attachment 1 2 3 4 5 6 7 8 9 10 Scan Copy of Completely filled and signed self-declaration and Consent letter form Model Approval Document from Govt. of India/Application submitted for model approval to Govt. of India scan cop of PAN CARD scan cop of AADHAR CARD Scan Copy of Proof of Educational Qualification Scan Copy of Certificate of Registration under Shop. and Establishment Act. Scan Co of Electricity Bill of Premise Scan Copy of Name and AADHAR No of all the workers/Employees engaged in Manufacturing.(Self Attested) Scan Copy of Registration certificate from Industries department if registered as factory/Unit Scan Cop of GST/Professional Tax Registration Number/IT Number Mandatory Optional Optional Optional Optional Mandatory Mandatory Mandatory Mandatory Mandato Mandatory Mandatory if yes) Mandato (if es) Optional Optional Optional Mandatory Mandatory if yes) Mandato (if es) Mandatory Mandatory Mandatory Mandatory/Optional Mandatory Mandatory Mandatory Mandatory Optional Optional Optional Optional Optional Optional 406 6 2018 B. Department of Environment (MP Pollution Control Board) 2. Consent to Operate (Under Wates Act 1974 & Alr Act 1981) Application Form — Same as Consent to Establish (Under Water Act 1974 & Air Act 1981) 3. Authorization under E Waste (Management) Rules, 2016 Application Form S.No 1. 2. 3. 4. 5. 6. 7. 8. 10. 11. 12. 13. 14. 15. 16. 17. 18

19. Fields Applicant Type No.of workers Dismantling or Recycling Process Waste generation in processing e-waste Provide details of disposal of residue Name of Treatment Storage and Disposal Facility utilized for Details of e-waste proposed to be procured from re-processing Occupational safety and health aspects Details of Facilities for dismantling both manual as well as mechanised Details of storage for raw materials and recovered materials Authorisation required for Total quantity e-waste generated in MT/A Quantity refurbished (applicable to refurbished) Quantity sent for recycling Quantity sent for disposal Details of Storage Fa.dilities Details of HandEEng Facilities Details of Treatment Facilities Details of Refurbishing Facilities Data Type Text Numeric Text Text Text Text Text Text Text Text Numeric Numeric Numeric Numeric Text Text Text Text Multiple Records {E-waste Processed during Last 3 Years) 20. Year (last 3 Year Processed) 21. Product (ast 3 Year Processed) (last 3 Year Processed) 22. Quanti Multiple Records (Instalted Capacity) 23. Product Name (Installed Capacity) 24. Capacity (Installed Capacity) 25. Capacity Unit (Instalted Capacity) Documents Required Text Text Numeric Text Numeric Text Mandatory/Optional Mandatory Mandatory Mandatory Man datory Mandatory Mandatory Mandatory Mandatory Mandatory Mandatory Mandatory Mandatory Mandatory Mandatory Mandatory Mandatory Mandatory Mandatory S No 1 2 3 4 5 6 Endosures Copy of agreement with Collection Centre Copy agreement with Producer Details of storage for dismantled e-waste Copy of agreement with Recycler Detai's of Facilities for Recycling Details of storage for raw materials and recovered materials 6 2018 4. Authorization under Solid Waste Management Rules 2016 Applicatlon Form S.No 1. 2. 3. 4. 5. 6. 8. 9. 10, 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24

25. Fields Name of the locat body/agency appointed by them/ operator of facility Correspondence address Telephone No.Fax No. e-m ail Nodal Officer Name (Officer authorised by the local body or agency responsible for operation of processing/ treatment or disposal facili) Nodal Officer Designatlon (Officer authorised by the local body or agency responsible for operation of processinü treatment or disposal facility) Authorisation required for setting up and operation Of the facillity (Please tick mark) Processing/recycling/treatment of solid waste (i) Total Quanti of waste to be processed per day (a) Quanti of waste to be recycled (b)Quantity of waste to be treated (c)Quanti of waste to be disposed into landfill (ii)Utillsatlon programme for waste processed Product utilisation iii)Methodology for disposal {attach details) Quanti of leachate Treatment technology for (lv)Measures to be taken for prevention and control of environmental pollution (v)Measures to be taken for safety of workers working In the plant (vi)Details on soild waste processindrecycline/treatment/disposal facility (to be attached) Disposal Of solid waste Number of sites identified Quanti of waste to be disposed per day Details of methodology or criteria followed for site selection (attach) Details of exlstFng site under operation Methodolo and operational details of landfilling Measures taken to check environmental pollution Any other information. Data Type Text Text Numeric Numeric Alphanumeric Text Text 1. Waste Processing 2. Recycling 3. Treatment 4.

Disposal at Landfill Numeric Numeric Numeric Numeric Numeric Numeric Numeric Numeric Numeric
Attachment Numeric Numeric Attachment Numeric Numeric Text Text 407 Mandato /Optional)
Mandatory Mandato Mandato Mandato Mandatory Mandatory Mandatory Mandatory Mandatory Mandato
Mandato Mandato Mandato Mandatory Mandatory Mandatory Mandatory Mandatory Mandato Mandato
Mandatory Mandatory Mandato Mandato Mandatory Documents Required S.No. 1, 2, 3



4. Enclosures Site clearance (local body) Proof of Environmental Clearance Consent for establishment Agreement between municipal authority and operating agency Investment on the project and expected return 408 6 2018 c.Laug.ur-nep.arungnt 5. Factory Plan approval under the Factories Act, 1948 Application Form



13 / 21

2. Enclosures grief description of process along with List of Raw material with quantity to be used in manufacturing process Drawings - As per rule 3-A of Madhya Pradesh factories Rules, 1962, site plan drawn to scale not less than 1:500 and plan, elevation, cross section, of various buildings including all details relating to door, windows, ventilators, emergency exits, out of plant machinery drawn to scale not less than 1:100.(Only upload pdf generated by AutoCAD software Details of materials used for bulldng construction and roofing. 6 2018 409 6. Ucense under the Factories Act, 1948
Application Form



FORM- 4 (Prescribed under Rule & 10) Application for Registration and Grant or Renewal of License for the Year and notice of occupation in section 6 and 7 Fields captured In the application form S. No Factory Details 1 2 3 4 5 FAC.No. Factory Name LIN Number Factory licence if already registered Application for the Registration of License for the Year Full Postal Address and situation of factory Data Type Numeric Alphanumeric Numeric Drop down Yes 1



2. No If Yes License No Drop down Alphanumeric Drop down Drop Down Numeric Check Box 6 7 8 9 10 If 10 no, 11 12 13 14 Address District Division Pin Code Whether Factory Address is same as communication address Mandatory /Optional Optiona Mandatory Optiona I (As per GO' directions) Mandatory Mandatory Mandatory Mandatory Mandatory Mandatory Optionai Full Postal Address to which communication relating to factory should be sent Address State District Pin Code Alphanumeric Drop down Drop down Numeric Manda tory Mandatory Mandatory Mandatory Full name and residential address of the person who shall be the occupier of the factory for the purpose of the Act 15 16 17 18 19 20 21 22 23 24 Full Name of the Occupier Fathers Name Category of occupier Address State Distrlct Pin Code Mobile No Email ID Aadhar No.& Passport (in case of Aadhar is not available with NRI) Text Text Drop down Proprietor / Partners in the Firm / Director of Company /others Alphanumeric Drop down Drop down Numeric Numeric Alphanumeric Numeric Mandatory Mandatory Mandatory Mand atory Mand atory Mand atory Mand atoryv Mandatory Mandatory Mandatory Full name and residential address of the person who shall be the manager of the factory for the purpose of the Act 25 l' Full Name of the manager I Te•xt Mandatory 410 26 27 28 29 30 31 32 33 Fathers Name Address State District Pin Code Mobile No Email ID Aadhar No. 6 2018 Text Alphanumeric Drop down Orop down Numeric Numeric Alphanumeric Numeric Mandatory Mandaory Mandatory Mandatory Mandatory Mandatory Mandatory Mandatory Full name and residential address of the owner of the premises or building (including the precincts thereoO referred to in Section 93 of the Act 34 35 36 37 38 39 40 41 42 Full Name of the Owner Fathers Name Address State District Pin Code Mobile No Email ID Aadhar No. & Passport (in case of Aadhar is not available with NRI} Nature of manufacturing process or processes 43 44 45 46 47 Carried on in the factory in the last 12 months (in case of factories already in existence) to be carried on in the factory during the next 12 months (in the case of all factories) Whether it involves hazardous processes as interpreted under Section 2 (cb) give details Whether it Involves any dangerous operation wholly or partly , as declared under sub-rule (I) of the rule 107 under section 87 (give details) Whether any chemical substance as specified under second schedule of the Act is used, handled, stored or processed thereat Worker Details 48 49 so Fee Schedule Applicable Maximum Number of worker proposed to be employed on any one day during the year Maximum Number of workers employed on any one day during the la5t twelve months (in case of factories already in existence) Number of workers to be ordinarily employed in the Factory Nature and total amount of powers (HP) Installed Machinery Power in Horse Power Text Text Alphanumeric Drop down Drop down N umeric Numeric Alphanumeric Numeric Text Text Drop down In case of YES Drop down In case of Yes Drop down 1. Yes 2. No Drop down Schedule A- Schedule B- Schedule C- Drop down -26) (No of Fields Drop down (No of Fields — 26} Numeric Drop Down : For Schedule A Schedule B Schedule C Mandatory Mandatory Mandatory Mandatory Mandatory Mandatory Mandatory Mandatory Mandatory Optional Mandatory Mandatory Mandatory Mandatory Mandatory Mandatory Mandatory Optional Mandatory Mandatory Reference numbers(s) and date (s) of appcoval of plans under rule 3-A of M.P factories Rules 1962 by chief Inspector of factories. MP (in case of factories already in existence) 53 Reference Number(s) Date of Approval Numeric Date (OD/MM/YYYYY Optional Optional 4 (IT)] Documents required- in case of New Licence 6 2018 411 S No 1 2 3 4 1 2 3 4 Documents Required General documents: For Non - Hazardous & Hazardous Category Proof of Ownership/possession of Premises (Sale Deed/Rent Deed/Lease Deed eTc.) Proof of being Occupant(Proprietor / Partners in the Firm / List of Director of Company + Memorandum & Article of Associations) Stability certificate Form no.-2 issued by a competent person Copy of self cess assessment

Form-I under BOCW Act, 1996 Additional documents: For Hazardous Category Proof of submission of On-Site Emergency Plan. If Pressure vessels and lifting machines are installed, Test Report issued by Competent Persons in case of solvent plants - Plant fitness certificate and operator fitness certificate Issued by a competent person is also required. A copy of Bill issued by Madhya Pradesh Electricity Board as a proof for installed horse power Name & Max Quantity of Chemicals & Raw Material to be used and stored in premises



7. Permission for engaging Contract Labour by a Contractor under provisions of the Contract Labour (Regulation and Abolition) Act, 1970 : (Licensing of Contractor) Application Form Fields captured in the application form S.No

| S.No | Field | Type | Validation |
|------|---|-------------------|------------|
| 1 | Name of Contractor | Text | Mandatory |
| 2 | Contractor Establishment Name of father / husband (if Contractor is Individual) | Text | Mandatory |
| 3 | Address | Text | Mandatory |
| 4 | PIN Code | Numeric | Mandatory |
| 5 | Telephone no | Numeric | Mandatory |
| 6 | E mail ID | Text | Mandatory |
| 7 | Mobile Number | Numeric | Mandatory |
| 8 | District | Drop down | Mandatory |
| 9 | Nearest Labour Office in the District (Issuing Office) | Drop down | Mandatory |
| 10 | Aadhar No. (if Contractor is Individual) | Numeric | Mandatory |
| 11 | Date of Birth (if Contractor is Individual) | Date (DD/MM/YYYY) | Mandatory |
| 12 | Data Type | Text | Mandatory |
| 13 | Applicant Details (Applicant Information- if applicant is other than Contractor) | Text | Mandatory |
| 14 | Boolean | Boolean | Mandatory |
| 15 | Name of Applicant | Text | Mandatory |
| 16 | Father's / Husband's Name | Text | Mandatory |
| 17 | Designation (applicant's status in the firm) | Text | Mandatory |
| 18 | Applicant's address for Correspondence | Text | Mandatory |
| 19 | Mobile Number | Numeric | Mandatory |
| 20 | E mail ID | Text | Mandatory |
| 21 | Aadhar No. | Numeric | Mandatory |
| 22 | Date of Birth | Date (DD/MM/YYYY) | Mandatory |
| 23 | No of Fields | Drop down | Mandatory |
| 24 | 5) | Text | Mandatory |
| 25 | Alphanumeric | Text | Mandatory |
| 26 | Numeric | Numeric | Mandatory |
| 27 | Date (DD/MM/YYYY) | Date | Mandatory |
| 28 | Details of Principal Employer / particulars of establishment / Institution to whom contractor supplies contract labour | Text | Mandatory |
| 29 | 19 | Text | Mandatory |
| 30 | 20 | Text | Mandatory |
| 31 | 21 | Text | Mandatory |
| 32 | 22 | Text | Mandatory |
| 33 | 23 | Text | Mandatory |
| 34 | 24 | Text | Mandatory |
| 35 | 26 | Text | Mandatory |
| 36 | 27 | Text | Mandatory |
| 37 | Name of PE Establishment | Text | Mandatory |
| 38 | Address of PE Establishment | Text | Mandatory |
| 39 | Certificate of registration for establishment (Principal Employer file number) | Text | Mandatory |
| 40 | Date of Registration | Date (DD/MM/YYYY) | Mandatory |
| 41 | Issuing office | Text | Mandatory |
| 42 | Name of the Owner / Occupier / Director / Manager who is responsible for the affairs of employment of Contract Labour in PE Establishment | Text | Mandatory |
| 43 | Address of the Responsible person | Text | Mandatory |
| 44 | PE Mobite no. | Numeric | Mandatory |
| 45 | Email-ID | Text | Mandatory |
| 46 | Specifications of Contract Workers | Text | Mandatory |
| 47 | 28 | Text | Mandatory |
| 48 | 29 | Text | Mandatory |
| 49 | 30 | Text | Mandatory |
| 50 | 31 | Text | Mandatory |
| 51 | 32 | Text | Mandatory |
| 52 | 33 | Text | Mandatory |
| 53 | Nature of the work for which contract labour is employed in the establishment | Text | Mandatory |
| 54 | Maximum number of contract workers to be employed | Numeric | Mandatory |
| 55 | Proposed start date of contract work | Date (DD/MM/YYYY) | Mandatory |
| 56 | Proposed end date of contract work | Date (DD/MM/YYYY) | Mandatory |
| 57 | Contractor's Agent or Manager's Name | Text | Mandatory |
| 58 | Address of the Agent or Manager | Text | Mandatory |
| 59 | Other Details | Text | Mandatory |
| 60 | 34 | Text | Mandatory |
| 61 | 35 | Text | Mandatory |
| 62 | 36 | Text | Mandatory |
| 63 | 37 | Text | Mandatory |
| 64 | 38 | Text | Mandatory |
| 65 | 39 | Text | Mandatory |
| 66 | 40 | Text | Mandatory |
| 67 | 41 | Text | Mandatory |
| 68 | Has the contractor been convicted of any crime in the last five years? If yes, then details | Text | Mandatory |
| 69 | Was there any order to cancel or suspend the license against the contractor or forfeiture of the security deposit ever? | Text | Mandatory |
| 70 | Date of Order | Date (DD/MM/YYYY) | Mandatory |
| 71 | Has the contractor worked in any other establishment during last five years? | Text | Mandatory |
| 72 | Name of the Principal Employer | Text | Mandatory |
| 73 | Establishment's Name | Text | Mandatory |
| 74 | Nature of Work | Text | Mandatory |
| 75 | Documents Required | Text | Mandatory |
| 76 | Text | Text | Mandatory |
| 77 | Alphanumeric | Text | Mandatory |
| 78 | Date (DD/MM/YYYY) | Date | Mandatory |
| 79 | Drop down | Drop down | Mandatory |
| 80 | Text | Text | Mandatory |
| 81 | Alphanumeric | Text | Mandatory |
| 82 | Alphanumeric | Text | Mandatory |
| 83 | Text | Text | Mandatory |
| 84 | Numeric | Numeric | Mandatory |
| 85 | Date (DD/MM/YYYY) | Date | Mandatory |
| 86 | Date (DD/MM/YYYY) | Date | Mandatory |
| 87 | Text | Text | Mandatory |
| 88 | Alphanumeric | Text | Mandatory |
| 89 | Boolean | Boolean | Mandatory |
| 90 | Text | Text | Mandatory |
| 91 | Boolean | Boolean | Mandatory |
| 92 | Date (DD/MM/YYYY) | Date | Mandatory |
| 93 | Boolean | Boolean | Mandatory |
| 94 | Text | Text | Mandatory |
| 95 | Text | Text | Mandatory |
| 96 | Mandatory | Mandatory | Mandatory |
| 97 | Optional | Optional | Optional |
| 98 | Mandatory | Mandatory | Mandatory |
| 99 | Optional | Optional | Optional |
| 100 | Mandatory | Mandatory | Mandatory |
| 101 | Optional | Optional | Optional |
| 102 | Mandatory | Mandatory | Mandatory |
| 103 | Optional | Optional | Optional |
| 104 | Mandatory | Mandatory | Mandatory |
| 105 | Optional | Optional | Optional |
| 106 | Mandatory | Mandatory | Mandatory |
| 107 | Optional | Optional | Optional |
| 108 | Mandatory | Mandatory | Mandatory |
| 109 | Optional | Optional | Optional |
| 110 | Mandatory | Mandatory | Mandatory |
| 111 | Optional | Optional | Optional |
| 112 | Mandatory | Mandatory | Mandatory |
| 113 | Optional | Optional | Optional |
| 114 | Mandatory | Mandatory | Mandatory |
| 115 | Optional | Optional | Optional |
| 116 | Mandatory | Mandatory | Mandatory |
| 117 | Optional | Optional | Optional |
| 118 | Mandatory | Mandatory | Mandatory |
| 119 | Optional | Optional | Optional |
| 120 | Mandatory | Mandatory | Mandatory |
| 121 | Optional | Optional | Optional |
| 122 | Mandatory | Mandatory | Mandatory |
| 123 | Optional | Optional | Optional |
| 124 | Mandatory | Mandatory | Mandatory |
| 125 | Optional | Optional | Optional |
| 126 | Mandatory | Mandatory | Mandatory |
| 127 | Optional | Optional | Optional |
| 128 | Mandatory | Mandatory | Mandatory |
| 129 | Optional | Optional | Optional |
| 130 | Mandatory | Mandatory | Mandatory |
| 131 | Optional | Optional | Optional |
| 132 | Mandatory | Mandatory | Mandatory |
| 133 | Optional | Optional | Optional |
| 134 | Mandatory | Mandatory | Mandatory |
| 135 | Optional | Optional | Optional |
| 136 | Mandatory | Mandatory | Mandatory |
| 137 | Optional | Optional | Optional |
| 138 | Mandatory | Mandatory | Mandatory |
| 139 | Optional | Optional | Optional |
| 140 | Mandatory | Mandatory | Mandatory |
| 141 | Optional | Optional | Optional |
| 142 | Mandatory | Mandatory | Mandatory |
| 143 | Optional | Optional | Optional |
| 144 | Mandatory | Mandatory | Mandatory |
| 145 | Optional | Optional | Optional |
| 146 | Mandatory | Mandatory | Mandatory |
| 147 | Optional | Optional | Optional |
| 148 | Mandatory | Mandatory | Mandatory |
| 149 | Optional | Optional | Optional |
| 150 | Mandatory | Mandatory | Mandatory |
| 151 | Optional | Optional | Optional |
| 152 | Mandatory | Mandatory | Mandatory |
| 153 | Optional | Optional | Optional |
| 154 | Mandatory | Mandatory | Mandatory |
| 155 | Optional | Optional | Optional |
| 156 | Mandatory | Mandatory | Mandatory |
| 157 | Optional | Optional | Optional |
| 158 | Mandatory | Mandatory | Mandatory |
| 159 | Optional | Optional | Optional |
| 160 | Mandatory | Mandatory | Mandatory |
| 161 | Optional | Optional | Optional |
| 162 | Mandatory | Mandatory | Mandatory |
| 163 | Optional | Optional | Optional |
| 164 | Mandatory | Mandatory | Mandatory |
| 165 | Optional | Optional | Optional |
| 166 | Mandatory | Mandatory | Mandatory |
| 167 | Optional | Optional | Optional |
| 168 | Mandatory | Mandatory | Mandatory |
| 169 | Optional | Optional | Optional |
| 170 | Mandatory | Mandatory | Mandatory |
| 171 | Optional | Optional | Optional |
| 172 | Mandatory | Mandatory | Mandatory |
| 173 | Optional | Optional | Optional |
| 174 | Mandatory | Mandatory | Mandatory |
| 175 | Optional | Optional | Optional |
| 176 | Mandatory | Mandatory | Mandatory |
| 177 | Optional | Optional | Optional |
| 178 | Mandatory | Mandatory | Mandatory |
| 179 | Optional | Optional | Optional |
| 180 | Mandatory | Mandatory | Mandatory |
| 181 | Optional | Optional | Optional |
| 182 | Mandatory | Mandatory | Mandatory |
| 183 | Optional | Optional | Optional |
| 184 | Mandatory | Mandatory | Mandatory |
| 185 | Optional | Optional | Optional |
| 186 | Mandatory | Mandatory | Mandatory |
| 187 | Optional | Optional | Optional |
| 188 | Mandatory | Mandatory | Mandatory |
| 189 | Optional | Optional | Optional |
| 190 | Mandatory | Mandatory | Mandatory |
| 191 | Optional | Optional | Optional |
| 192 | Mandatory | Mandatory | Mandatory |
| 193 | Optional | Optional | Optional |
| 194 | Mandatory | Mandatory | Mandatory |
| 195 | Optional | Optional | Optional |
| 196 | Mandatory | Mandatory | Mandatory |
| 197 | Optional | Optional | Optional |
| 198 | Mandatory | Mandatory | Mandatory |
| 199 | Optional | Optional | Optional |
| 200 | Mandatory | Mandatory | Mandatory |

of Applicant in the Establishment Mobile No. Email Id Aadhar No :: Principal Employer Details :: 18 19
 20 21 Name of Principal Employer Address Mobile No. Email Id Data Type Text Text Alphanumeric
 Numeric Numeric Numeric Numeric Alphanumeric Drop down Drop Down Drop Down Text Text Drop
 down Numeric Alphanumeric Numeric Text Alphanumeric Numeric Alphanumeric Manager Details {not
 applicable if applicant is manager himself) 22 23 25 26 27 Manager Name Manager Father/Husband Name
 Address Manager Mobile no. Email Id Aadhar No Text Text Alphanumeric Numeric Alphanumeric
 Numeric Mandatory / Optional Mandatory Mandatory Mandatory Mandatory Mandatory Mandatory
 Mandatory Mandatory Mandatory Mandatory Mandatory Mandatory Mandatory Mandatory
 Mandatory Mandatory Mandatory Mandatory Mandatory Mandatory Mandatory Mandatory
 Mandatory Mandatory Mandatory Particulars of all Contractors and Contract Labour employed by them
 (Multiple values captured in a Grid) 28 29 30 31 32 Name of Contractor Address Nature Of Work for
 which Contract Labour is engaged. Maximum number of contract labour to be employed on any day by
 this contractor Proposed date of Termination of Text Alphanumeric Text Drop down Date (DD/MM
 M/YYYY) Optional Optional Optional Optional Optional 416 33 6 2018 Contract +ADD
 CONTRACTOR Documents Required S No 1. 2. 3. 4, Documents Required Passport size photograph of
 Applicant (JPG) Copy of Applicant photo ID (any one voter ID, Aadhar card, Driving License; either
 Passport or PAN) (in PDF Format) For the authentication of place and address of establishment copy of
 any one Rent Agreement Telephone bill Electric payment Ownership deed • Partnership deed*
 Memorandum of Association* (*If these documents have many pages than scan and upload only consistent
 information pages only in PDF format) Copy of in case of partner in partnership firm and Copy of
 memorandum of association in case of Limited company.(PDF Format) 11, Registration of Shops and
 Commercial Establishments under MP Shops and Establishments Act, 1958 Application Form Fields
 captured In the application form Applicant Details 1 2 3 4 5 6 7 8 9 Name of Applicant Father's /
 Husband's Name Applicant's Status in the Shop/ Establishment Labour identification Number (LIN) Date
 of Birth (DD/MM/YYYY) Address of Applicant Mobile No Email Id Aadhar No. Data Type Text Text
 Drop down Numeric Date (DD/MM/YYYY) Text Numeric Numeric Mandatory / Optional Mandatory
 Mandatory Mandatory Optional Mandatory Mandatory Mandatory Mandatory Mandatory Family Members /
 Other Partners involved in the business (Multiple Entries Added to a Grid) 10 11 12 Name of Family
 Member/ Other Partner Designation Address [(Add more)] Button to add more members) Shop /
 Establishment Details 13 14 15 16 Name of Shop / Establishment Address District Issuing Office / Nearest
 Labour Office in the District Text Text Text Text Text Drop Down Drop Down Optional Optional
 Optional Mandatory Mandatory Mandatory Mandatory 17 18 19 20 21 22 23 Category of
 Shop/Establishment Business Type Shop Type (Employee Wise) Day of Weekly Off Owner Type
 Business Start Date No. of Years for Registration 6 2018 Drop down(No of Fields — 4) Drop Down
 Dependent on Category of Shop/ Estb. Drop down (No of Fields - 4) Drop down (No of Fields - 8)
 Manager and Employees Details 24 25 26 27 28 29 30 31 Manager Name Manager Father/Husband Name
 Date of Birth(DD/MM/WW) Manager Mobile no. Address Number of Employees, Male and Female.
 Name of Account/ Business Executive Address of Account/ Business Executive Drop Down 1.
 Proprietorship 2. Partnership 3. Limited Firm Date (DD/MM/YWY) Numeric '5' Text Text Date
 (DD/MM/YYYY) Numeric Alphanumeric Numeric Male (Nos) Female [Nos) Text Text 417 Mandatory
 Mandatory Mandatory Mandatory Mandatory Mandators/ Mandator,' Mandatory Mandatory Mandator,'
 Mandatory Mandatory Mandatory Mandatory Documents Required S.No 1. 2. 3. 4, 5. Documents
 Required Passport size photograph of Applicant (JPG) Copy of Applicant photo ID (any one voter ID,
 Aadhar card, Driving License, either Passport or PAN) (in PDF Format) For the authentication of place
 and address of shop & establishment copy of any one (PDF) Rent Agreement ,Telephone bill ,Electric
 payment ,Ownership deed*,Partnership deed* Memorandum of these documents have many pages than
 scan and upload only consistent information pages only in PDF format} Photograph of shop/ establishment
 in which name panel is visible. (JPG/ PDF format) Partnership deed / MOU (PDF) - In case of Company /
 Partnership firm 418 6 2018 D. Department QfIndusny PQlcy. and Investmellt Prmnqtqn 12, Registration
 under Boii-éi' Act, 1923 Application Form S.No 1 2 3 4 5 6 7 8 9 10 11 12 Fields captured in the
 application form Type of Registration Type of Boiler Total Heating Surface Area (Sq mt.) Name of
 Manufacturer Boiler / Economiser Works Number Manufacturing place Manufacturing year Maximum
 Evaporation (Tonne/Hr) Maximum Working Pressure (KÜcm2) Power generation in MW Maximum

Working Temperature in c Piping Involved Data Type Radio button • Boiler • Small Industrial boiler • Economiser Drop down (No of Fields— 5) Numeric Alphanumeric Alphanumeric Alphanumeric Numeric Numeric Numeric Numeric Numeric Drop down (No of Fields — 2) Mandatory/ Optional Mandatory Mandatory Mandatory Mandatory Mandatory Mandatory Mandatory Mandatory Mandatory Mandatory Documents Required 5.No 1 2 3 4 5 6 7 8 9 10 11 Documents Required IBR Certificate form : 11 (1) or 11 (2) Form III Form III C Form IVA Form VII Form VIII Form VII Steam pipe line Drawing Duly Signed by Owner Registration Certificate of Contractor Certificate of Welder Details of Supervisor 6 2018 13. Transfer of Boiler under Boiler Act 1923 Application Form S.No 1 2 3 4 5 6 7 8 9 10 11 12 Fields captured in the application form Type of Registration Registration number Type of Boiler Total Heating Surface Area (Sq mt.) Name of Manufacturer Manufacturing place Manufacturing year Maximum Evaporation (Tonne/Hr) Maximum Working Pressure (K $\ddot{U}$ cm²) Power generation in MW Maximum Working Temperature in c Piping Involved Data Type Radio button (No of Fields 2) Aiphanumeric Drop Down (No of Fields - 5) Numeric Alphanumeric Alphanumeric Numeric Numeric Numeric Numeric Numeric Drop down (No of Fields— 2) 419 Mandatory/ Optional Mandatory Mandatory Mandatory Mandatory Mandatory Mandatory Mandatory Mandatory Mandatory Mandatory Mandatory Documents Required S.No 1 2 3 4 5 Documents Required Form 2D Steam pipe)ine drawing duly signed by Owner Registration certificate of Contractor Certificate of Welder Details of Supervisor 420 6 2018 14. Manufacturing of Boilers under Boilers Act 1923 Application Form S,N0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 Fields captured in the application form Name of Firm Firm Type Drop down. In addition to CAF (HUF/Society/Department Undertaking) PAN TAN EPFO Registration EST Registration Telephone Fax Website URI Official Email id Block No/ House No/ Plot No Road/Street/Land Area/Locailty Pin code District Data Type Alphanumeric Drop Down (Additional No of Fields — 4) Alphanumeric Alphanumeric Alphanumeric Alphanumeric Numeric Numeric Alphanumeric Alphanumeric Alphanumeric Alphanumeric Alphanumeric Alphanumeric Numeric Drop Down Mandatory/ Optional Mandatory Mandatory Mandatory Optional Optional Optional M andatory Optional Optional Optional Mandatory Mandatory Mandatory Mandatory Mandatory Board Member Detail (Add button required in case of more than 1 member , for rows to be added) optional , Service Specific Members Name Gender Category Knowledge level Equity Participation (in rupees) Equity Participation {in Ya) Contact Person Details Representative Name Mobile Number Aadhaar Number Email Documents Required Text Drop Down (No of Fields — 3) Drop Down (No of Fields 6) Orop Down (No of Fields 6) Numeric NumerEc Text Numeric Numeric Alphanumeric Mandatory Mandatory Mandatory Mandatory Mandatory Mandatory Mandatory Mandatory Optional Mandatory S.No. 1 2 3 Documents Required Drawing Certificate of Welder Registration Certificate 6 2018 15. Registration & Renewal under Boiler Act 1923 to work as Manufactufefl/Repairer/Erector 421 Application Form I S.NO I Fields captured in the application form Application for (multiple selection are 1 allowed) 2 Data Type Check Box Manufacturer Repairer Erector Drop Down Mandatory/ Optional Mandatory Mandatory Class Documents Required • Special Class Class I Class El Class III S.No 1 3 4 [5 6 7 Documents Required Form XVIII : i Details of Machinery : Details of Manpower : Details of Employed Weiders : Registration Certificate : Details of Workshop Details of Power (Electricity) : 422 6 2018 3-3-2017-qRZIJ 21 2018 Rlfh \$1 2017—18" u-q-lq I RTfh a-u-r $\ddot{E}$ r -a utrr— / ga.g.g.å.. 6 2018 VT-GQ asré. âf&rr. eya ZB grvr \$1 !üvr 3.1 3.1 (1) 3.1 (2) 05 8i3T i 3.1 (3) 3.1 (4) g. -Q nreiTjr Qir 05 423 [4 (11) 424 6 2018 3-1 (5) tT2.7T QTr 3.1 (6) 5000 3.1 (7) fig 3.1 (9) 3.1 05 50.00 I 6 2018 3.1 (11) 3.2 3.2(1) 03 02 3.2(2) R-ærr J 3.2(3) arrR I 3.2(4) ft-ant 3.2(5) BufVT I 3.3 qu-•l ; 425 6 2018 426 3.4 fi•.F 3.4(1) q-rt 3.4(3) 3.h(5) qogo 6 2018 3TI-q *rHT 3.4b) 3.4(8). 3ßfÄ I 15 \$1 3.4(9). 30 03 fig 3.5 a-Ri R-zrq 427 6 2018 428 3.6 3.7 ÜTTTI 3.8 3.9. 3.10 ' föf.fi 6 2018 429 1 2 3 (31) 08 800 d00 (-qq-utvf 30.000 / (qivf alam) 30.000 / — 1.000/— op-%fäzff 500 / *en-\$ra 430 6 2018 qbræ 3.10(3) fi•drq .3.10(4) \$1 75 •tnQ-Q-TIQ I 3.10(5) 15 trq TruT 3.10(6) 03 car 45 4 (71) xrq*, 6 2018 431 25 3.10 (7) 3.10(8) ea 75 geg 3.11 ÄVT<7:- itrwi 432 6 2018 3.12 qfQ1eT0f 2.00000/— HE) qh-y-a 3.13 Q: eg gi- $\ddot{E}$ r 50 i -\$1 70 3.14 onTrtrr 3.15 3.16 JTfh-âu I Q.TITT 4 (TT)) No. B-3243 6 2018 433 Jabalpur, the 26th June 2018 AMENDMENT IN "THE HIGH COURT OF MADHYA PRADESH RULES, 2008 " Sub-rule 3 (A) of rule 18 in chapter-XII as published in the Madhya Pradesh Official Gazette Notification dated 6th April 2018 (Part-IV €1)] is withdrawn. By order of Hon'ble lthe Chief Justice, A. K. SHUKLA, Registrar General.