

The Orissa Gazette

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LABOUR & EMPLOYMENT DEPARTMENT

NOTIFICATION

The 9th January 2006

S.R.O. No.135/2006—The following draft of certain rules further to amend the Orissa Factories Rules, 1950, which the State Government propose to make in exercise of the powers conferred by section 112 of the Factories Act, 1948 (63 of 1948) is hereby published as required by section 115 of the said Act for information of all persons likely to be affected thereby and notice is hereby given that the said draft will be taken into consideration by the State Government on or after the expiry of a period of forth-five days from the date of publication of this notification in the Official Gazette.

Any objection or suggestion which may be received from any person in respect of the said draft before the expiry of the period so specified will be considered by the State Government.

DRAFT

1. (1) These rules may be called the Orissa Factories (Amendment) Rules, 2005.

(2) They shall come into force on the date of their publication in the *Orissa Gazette*.

2. In the said rule, in rule 3, after clause (c) of sub-rule (3), the following proviso shall be inserted, namely:—

“Provided that the occupier of every factory seeking permission under the provisions of the Orissa Industries (Facilitation) Act, 2004 may apply in the combined application Form for establishment of industries.”

3. In the said rules, after the proviso to rule 4, the second proviso shall be inserted as follows :

“Provided further that the occupier of a factory seeking registration and grant of licence under the provision of the Orissa Industries (Facilitation) Act, 2004 shall apply in the combined application Form for operation of industries.”

4. In the said rules, in rule 5, in the Schedule to sub-rule (1), the words and figures “but not exceeding 1,00,000” shall be inserted after the words “exceeding 50,000” appearing in the last line of column (1), the fees shall accordingly be added thereafter in appropriate columns respectively.

SCHEDULE

FEE SCHEDULE FOR REGISTRATION & GRANT OF LICENCE UNDER FACTORIES ACT, 1948 AND RULES FRAMED THEREUNDER

Total amount of power installed (in K.W.)	Maximum number of person to be employed during any one day of the year not exceeding															
	20	50	100	250	500	750	1,000	1,500	2,000	2,500	3,000	5,000	7,500	10,000	15,000	25,000
Exceeding 1,00,000 but not exceeding 2,00,000	40,000	50,000	60,000	70,000	80,000	90,000	1,00,000	1,10,000	1,20,000	1,30,000	1,40,000	1,50,000	1,60,000	1,70,000	1,80,000	1,90,000
Exceeding 2,00,000 but not exceeding 3,00,000	50,000	60,000	70,000	80,000	90,000	1,00,000	1,10,000	1,20,000	1,30,000	1,40,000	1,50,000	1,60,000	1,70,000	1,80,000	1,90,000	2,00,000
Exceeding 3,00,000 but not exceeding 4,00,000	60,000	70,000	80,000	90,000	1,00,000	1,10,000	1,20,000	1,30,000	1,40,000	1,50,000	1,60,000	1,70,000	1,80,000	1,90,000	2,00,000	2,10,000
Exceeding 4,00,000 but not exceeding 5,00,000	70,000	80,000	90,000	1,00,000	1,10,000	1,20,000	1,30,000	1,40,000	1,50,000	1,60,000	1,70,000	1,80,000	1,90,000	2,00,000	2,10,000	2,20,000
Exceeding 5,00,000 but not exceeding 6,00,000	80,000	90,000	1,00,000	1,10,000	1,20,000	1,30,000	1,40,000	1,50,000	1,60,000	1,70,000	1,80,000	1,90,000	2,00,000	2,10,000	2,20,000	2,30,000
Exceeding 6,00,000 but not exceeding 7,00,000	90,000	1,00,000	1,10,000	1,20,000	1,30,000	1,40,000	1,50,000	1,60,000	1,70,000	1,80,000	1,90,000	2,00,000	2,10,000	2,20,000	2,30,000	2,40,000
Exceeding 7,00,000 but not exceeding 8,00,000	1,00,000	1,10,000	1,20,000	1,30,000	1,40,000	1,50,000	1,60,000	1,70,000	1,80,000	1,90,000	2,00,000	2,10,000	2,20,000	2,30,000	2,40,000	2,50,000
Exceeding 8,00,000 but not exceeding 9,00,000	1,10,000	1,20,000	1,30,000	1,40,000	1,50,000	1,60,000	1,70,000	1,80,000	1,90,000	2,00,000	2,10,000	2,20,000	2,30,000	2,40,000	2,50,000	2,60,000
Exceeding 9,00,000 but not exceeding 10,00,000	1,20,000	1,30,000	1,40,000	1,50,000	1,60,000	1,70,000	1,80,000	1,90,000	2,00,000	2,10,000	2,20,000	2,30,000	2,40,000	2,50,000	2,60,000	2,70,000
Exceeding 10,00,000 but not exceeding 15,00,000	1,50,000	1,60,000	1,70,000	1,80,000	1,90,000	2,00,000	2,10,000	2,20,000	2,30,000	2,40,000	2,50,000	2,60,000	2,70,000	2,80,000	2,90,000	3,00,000
Exceeding 15,00,000 but not exceeding 20,00,000	1,70,000	1,80,000	1,90,000	2,00,000	2,10,000	2,20,000	2,30,000	2,40,000	2,50,000	2,60,000	2,70,000	2,80,000	2,90,000	3,00,000	3,10,000	3,20,000
Exceeding 20,00,000 but not exceeding 30,00,000	2,00,000	2,10,000	2,20,000	2,30,000	2,40,000	2,50,000	2,60,000	2,70,000	2,80,000	2,90,000	3,00,000	3,10,000	3,20,000	3,30,000	3,40,000	3,50,000
Exceeding 30,00,000	2,30,000	2,40,000	2,50,000	2,60,000	2,70,000	2,80,000	2,90,000	3,00,000	3,10,000	3,20,000	3,30,000	3,40,000	3,50,000	3,60,000	3,70,000	3,80,000

5. In the said rules, in rule 6, for sub-rule (2) and (3), the following sub-rules shall respectively be substituted, namely :—

“(2) A licensee whose licence requires to be amended by virtue of increase in the number of persons employed or in the horse power installed or change in the name of the factory or any change in manufacturing process or all taken together shall submit to Chief Inspector of Factories with an application in Form No.2 stating the nature of amendment.

(3) The fee for amendment of a licence by virtue of increase in number of persons or in the horse power installed or change in the name of factory or any change in manufacturing process or all taken together shall be Rs.200/- in addition to the amount (if any) by which the fee that would have been payable if the licence had originally been issued in the amended form exceeds the fee originally paid for the licence.”

6. In the said rules, in rule 7, for sub-rule (3), the following sub-rule shall be substituted, namely : —

“(3) (i) The same fee shall be charged for the renewal of license as for the grant thereof. Provided that if the application for renewal is not received within the time specified in sub-rule (2) and received thereafter but within the date on which the licence expires, the licence shall be renewed only on payment of a fee 25 per cent in excess of the fee ordinarily payable for the license. If the application is received after the date on which the licence expires, the licence shall be renewed only on payment of a fee 100 per cent in excess of the originally payable for licence”; and

(ii) after sub-rule 3 so substituted, the following sub-rules shall be inserted, namely : —

“(4) The occupier shall have the option to apply for renewal of licence for a term of five consecutive calendar years with five times of usual licence fee in vogue.

(5) Refusal of licence – The Chief Inspector may refuse the renewal of licence on the ground that the applicant has been guilty of repeated contraventions of safety provisions of the Act or Rules or both or the applicant has obtained the licence by fraud or by misrepresentation.

Provided that before refusing any licence, the applicant shall be given an opportunity to show cause as to why the licence shall not be refused.

(6) Revocation of licence – The Chief Inspector may, at any time before expiry of the period for which the licence has been granted or renewed, revoke the licence on any of the grounds specified in sub-rule (5) above or if;

(i) there is imminent danger to life and property in the factory due to explosive or inflammable dust, gas or fumes, and effective measures in his option have not been taken to remove the danger; and / or ;

(ii) employment of child worker below 14 years of age noticed; and / or ;

(iii) provisions prescribed in Chapter IVA of the Act are not complied;

Provided that before revoking the licence, the applicant shall be given an opportunity to show cause as to why the licence shall not be revoked.”

7. In the said rules, after rule 12A, the following rule shall be inserted, namely :—

“12[AA] (i) Occupier of every factory shall submit a written statement of his policy at the time of registration in respect of safety and health of workers at work, except

factories employing less than 50 workers provided that these are not covered in THE FIRST SCHEDULE under section 2 (cb) or carrying out processes or operations declared to be dangerous under Section 87 of the Act.

(ii) The safety and health policy so declared shall contain or deal with :—

(a) declared intention and commitment of the top management to health, safety and environment and compliance, to all the relevant statutory requirements;

(b) organizational set-up to carry out the declared policy, clearly assigning the responsibility at different levels; and

(c) arrangements for making the policy effective.

(iii) The policy should specify the following : —

(a) arrangements for involving the workers;

(b) intention of taking into account the health and safety performance of individuals at different levels while considering their career advancement;

(c) fixing responsibility of the contractor, sub-contractors, transporters and other agencies entering the premises;

(d) providing a resume of health and safety performance of the factory in its Annual Report;

(e) relevant techniques and methods, such as safety audits and risk assessment for periodical assessment of the status on health, safety and environment and taking all the remedial measures;

(f) stating its intention to integrate health and safety in all decisions including those dealing with purchase of plant, equipments, machinery and material as well as selection and placement of personnel;

(g) arrangements for informing, educating and training its employees at different levels and the public in the vicinity, wherever required.

(iv) A copy of the declared Health and Safety Policy signed by the occupier shall be made available to the Inspector having jurisdiction over the factory and to the Chief Inspector.

(v) The Policy shall be made widely known by :—

(a) making copies available to all workers including contract workers, apprentices, transport workers, suppliers, etc.

(b) displaying copies of the policy at conspicuous places; and

(c) any other means of communication in a language understood by majority of workers.

(vi) The occupier shall revise the Safety Policy as often as may be appropriate, but it shall necessarily be revised under the following circumstances, namely :—

(a) Whenever any expansion or modification having implications on safety and health of persons at work is made; or

(b) Whenever new substance(s) or articles are introduced in the manufacturing process having implications on health and safety of persons exposed to such substances.”

8. In the said rules, rule 16 shall be omitted.

9. In the said rules, in rule 61-A in sub-rule (1) after clause (b), following clause shall be inserted, namely: —

“(c) A person possessing qualifications required under clauses (a) and (b) of sub-rule (1) shall only be appointed as Safety Officer on acceptance by the Chief Inspector on submission of details of his qualification and experience.”

10. In the said rules, after rule 62-H, the following rule shall be inserted, namely :—

“62-I : No vehicle shall ply exceeding the speed limit of 20 K.M./Hour inside the factory premises.”

11. In the said rules, after rule 62-I so inserted, the following Chapter and rule shall be inserted, namely :—

“CHAPTER IV-A

(Rules prescribed under Section 41-C)

62-J : Health record shall be maintained in Form No.31-A”

12. In the said rules, in rule 79, the words expression and figure “muster roll in Form No.10” appearing therein, shall be substituted by the words “combined register of overtime working and payment”.

13. In the said rules, in rule 86, for the expression and figure “No. 13”, the expression and figure “No. 11” shall be substituted.

14. In the said rules, in rule 87, the word expression and figure “Form No. 14” shall be substituted by the words “Form No. 12”.

15. In the said rules, in rule 97, the words “or dangerous occurrence causing death or bodily injury to any person and in Form No. 18A in case of a dangerous occurrence which has not resulted in bodily injury to any person” appearing therein after the words “of an accident” and before the words “within twelve hours” shall be substituted by the words “in case of an accident causing death or bodily injury to any person or in case of dangerous occurrence which has not resulted in bodily injury to any person”.

16. In the said rules, in rule 101, in sub-rule (1) ,

(i) the words expression and figure “Form No. 21” shall be substituted by the words “Combined Annual Returns”;

(ii) after the words “Combined Annual Returns” so inserted, the following words shall be inserted, namely :—

“The manager shall furnish information in the relevant portions of the Combined Annual Returns”; and

(iii) sub-rule (2) shall be omitted.

17. In the said rules, in rule 104, the words "muster-roll" appearing therein shall be substituted by the words "Combined Muster-Roll-*cum*-Register of Wages".

18. In the said rules, for Form I, the following Form shall be substituted, namely : —

"Form No. I"

19. In the said rules, after Form IA, the following Form shall be inserted, namely : —

"Form I AA"

20. In the said rules, Form No. 7 shall be deleted.

21. In the said rules, Form No. 10 shall be substituted by the following Form, namely : —

"Form 10"

22. In the said rules, for Form 11, the following Form shall be substituted, namely : —

"Form 11"

23. In the said rules, for Form 12, the following Form shall be substituted, namely : —

"Form 12"

24. In the said rules, Form 13 and 14 shall respectively be deleted.

25. In the said rules, for Form 18, the following Form shall be substituted, namely : —

"Form 18"

26. In the said rules, Form 18A shall be deleted.

27. In the said rules, for Form 21, the following Form shall be substituted, namely : —

"Form 21"

28. In the said rules, Form 22 and Form 27 shall be deleted.

29. In the said rules, for Form 29, the following Form shall be substituted, namely : —

"Form 29"

30. In the said rules after Form 31, the following Form shall be inserted, namely :-

"Form 31A"

31. In the said rules, Form 32 shall be deleted.

[No.272/LL-II-FM-102/2005/LE.]

By order of the Governor

J. PANDA

Commissioner-*cum*-Secretary to Government

Form No.1

(Prescribed under Rule 3)

Application for permission to construct/extend or take into use any building/premises as a factory

1. Applicant's Name :
Age :
Father's name :
Permanent address - :
 Village/Plot No./Street/Lane :
 P.O. :
 P.S. :
 Town/City/District :
 State :
 PIN :
 Calling :
2. Full name and postal address of the factory
3. Address for correspondence
4. Location of the Factory - :
 State :
 District :
 Subdivision :
 P.S. :
 Near of village or town, nearest Rly. Station :
5. Particulars of plants to be installed
(Separate sheet where necessary be annexed)
6. (a) Number of persons proposed to be engaged
 Men -
 Women -
(In case of extension, increase of number of persons due to extension and No. of persons engaged in existing portion be mentioned separately)
(b) Amount of power proposed to be installed
(The list of machines with K.W. rating of their prime movers be annexed. In case of extension, such list for existing portions and for extension be mentioned separately.)
7. Proposed date of commencement of construction
8. Particulars of no-objection Certificate/Consent letter of Orissa State Pollution Control Board, Bhubaneswar/Local Authority.
(Attested copy to be enclosed)
9. Amount of fee paid.....Chalan No. Date.. Treasury/Bank name.....

Date.....
Place.....

(Signature of applicant)
With seal

Note- This application shall be accompanied by the following documents—

- (a) A flow chart of the manufacturing process supplemented by a brief description of the process in its various stages.
- (b) Plans, in duplicate, drawn to scale, showing —
 - (i) the site of the factory and immediate surroundings including adjacent building and other structures, roads, drains, etc. and
 - (ii) The Plan elevation and necessary cross sections of the various buildings, indicating all relevant details relating to natural lighting, ventilation and means of escape in case of fire. The plans shall also clearly indicate the position of the plant and machinery, aisles and passage way: and
- (c) Such other particulars as the Chief Inspector may require.

Annexure I

Computation of Value of Plant & Machinery for determination of SSI status

- I. For determining the SSI status the investment in plant & machinery only limits to rupees one crore (Rupees five crores in specialized items; details of items given below)
- II. In calculating the value of plant and machinery for the purpose of determination of SSI status, the original price thereof, irrespective of whether the plant & machinery are new or second hand, shall be taken into account.
- III. In calculating the value of plant and machinery, the followings shall be excluded, namely :—
 - (i) The cost of equipments such as tools, jigs, dies moulds and spare parts for maintenance and the cost of consumable stores.
 - (ii) The cost of installation of plant & machinery.
 - (iii) The cost of Research and Development (R. & D.) equipment and pollution control equipment.
 - (iv) The cost of generation sets, extra transformer etc. installed by the undertaking as per the regulation of the State Electricity Board.
 - (v) The bank charges and service charges paid to the National Small Industries Corporation of the State Small Industries Corporation;
 - (vi) The cost involved in procurement or installation of cables, wiring, bus, bars, electrical control canels (not those mounted on individual machines), oil circuits breakes/miniature circuit breakers etc. which are necessarily to be used for providing electrical power to the plant and machinery / safety measures.
 - (vi) The cost of gas producer plant;
 - (vii) Transportation charges (excluding of taxes e.g. sales tax, excise etc.) for indigenous machinery from the place of manufacturing to the site of the factory.-
 - (viii) Charges paid for technical know-how for erection of plant and machinery.
 - (viii) Cost of such storage tanks which store raw materials finished products only and are not linked with the manufacturing process; and
 - (ix) Cost of fire fighting equipments.
- IV. In the case of imported machinery, the following shall be included in calculating the value, namely :—
 - i) Import duty (excluding miscellaneous expenses and transportation from the port to the site of the factory, demurrage paid at the port) :
 - ii) The shipping charges.
 - iii) Customs charges.
 - iv) Customs clearance charges ; and
 - v) Sales Tax.

List of specialised items in SSI Sector having investment of Rs. 5 crores in Plant & Machinery

Product Code	Name of the items
(1)	(2)
260101	Cotton cloth knitted
260102	Cotton vests knitted
260103	Cotton socks knitted
260104	Cotton undergarments knitted
260106	Cotton shawls knitted
260199	Other cotton knitted wears
260201	Woolen cloth knitted
260202	Woolen vests knitted
260203	Woolen socks knitted
260204	Woolen scarves knitted
260205	Woolen undergarments knitted
260206	Woolen caps knitted
260207	Woolen shawls knitted
260208	Woolen gloves
260207	Woolen mufflers knitted
260299	Other woolen knitted wears.
	Art silk / main made Fibre Hosiery
260310	Synthetic knitted socks and stocking
260302	Synthetic knitted underwears such as vest, briefs and drawer
260304	Synthetic knitted outerwears such as jersey slipovers, pullover, cardigans and jackets.
260308	Synthetic knitted children wear such baby suits, knicker, frock, underwear and outerwear.
26030901	Synthetic knitted fabrics except high pile fabric made by sliver knitting, and synthetic knitted blankets.
260311	Synthetic knitted swim wear such as trunk and costume
260312	Synthetic knit wear such as scraf, muffler, shawl, cap, ties, blouse and jean.
260313	Synthetic knitted shirt, T-shirt, Collar shirt and sports-skirts
260314	Synthetic knitted hose
260315	Synthetic knitted gas mantle fabric

(1)	(2)
260316	Other synthetic knitwear
343101	Hacksaw frames
343102	Pliers
343103	Screw drivers
343104	Spanners
343106	Hammers
343108	Anvils
343109	Wood working saws
343111	Wrenches
343112	Knives and shearing blades (all types including those of metal, paper, bamboo and wood for manual operations)
343113	Nail pullers
343114	Chisels
343115	Pincers
343116	Wire cutters
343199	Other hand tools for blacksmithy, carpentry, hand forging, foundry etc".
	Stationery Sector
319911	Writing inks and fountain pen inks
387101	Ball point pens
387103	Fountain pens
387104	Pen nibs
387105	Fountain pens and ball pens components excluding metallic tips.
387201	Pencils
387401	Hand stapling machine
387501	Paper pins
387601	Carbon paper
38760210	Typewriter ribbon for mechanical typewriters
387901	Hand numbering machines
387903	Pencil sharpeners
387907	Penholders

Drugs and Pharmaceuticals Sector

31060101	Para amino phenol-Indl. Grade
310628	Pyrazolones
310650	Benzyl benzoate
310658	Niacinamide
313125	Paracetamol
31315801	Methyl parabens and sodium salt starting from para hydroxy benzoic acid.
31315901	Ethyl parabens and sodium salt starting from para hydroxy benzoic acid.
31319501	Propyle parabens and sodium salt starting from para hydroxy benzoic acid.
3131960	Calcium gluconate
310126	Aluminium hydroxide gel".

PART B Information on Infrastructure Required

1. Extent of Land required
(in Square Meters)

	<u>Existing</u>	<u>Proposed</u>																				
(i) (a) Own	<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
(b) IDCO Land	<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
(c) Government Land	<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
(d) Acquisition of Private Agricultural Land	<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
(e) Acquisition of Private Industrial Land.	<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
(f) Land taken on Rent /Lease.	<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
(g) And other category of Land (Forest Land, Schedule area etc. including unidentified land , please specify)	<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
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* In case of conversion of agricultural land for industrial purpose, is the applicant entitled for exemption of premium as per provision of IPR.

(a) Built up Area	<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
(b) Open Area	<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										

2. Power (in KVA/ KW)

	<u>Existing</u>	<u>Proposed</u>																				
(a) Source of Power	<input type="checkbox"/> Single phase – 1, Three Phase - 2	<input type="checkbox"/>																				
(i) Electricity Company	<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
(ii) Others	<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
(iii) Own Generation	<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
(iv) DG Set	<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
Total	<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										

(b) In case of Electricity Company
CR No. if addition to existing supply

(c) Purpose (Commercial/ Industrial/ Water Supply / Temporary)

3. Water

(a) Requirement (in K. Ltrs per day)

	<u>Existing</u>	<u>Proposed</u>
(i) Industrial Use	<input type="text"/>	<input type="text"/>
(ii) Domestic Use	<input type="text"/>	<input type="text"/>
(iii) Others	<input type="text"/>	<input type="text"/>
Total	<input type="text"/>	<input type="text"/>

(b) Source of water supply

	<u>Existing</u>	<u>Proposed</u>
(i)	<input type="text"/>	<input type="text"/>
(ii)	<input type="text"/>	<input type="text"/>
(iii)	<input type="text"/>	<input type="text"/>
Total	<input type="text"/>	<input type="text"/>

(c) Plot No. , Khata No. & Mouza (in case of ground water)

(d) Particulars of land (for laying of pipeline)

4. Communication

(a) Roadways to be used

(b) (i) Distance from Railhead (to be used)
(ii) Details of Rail sidings (if required)

(c) Port to be used

(d) Airport to be used

5. Mines (if required)

Place:

Date:

Signature of Proprietor/ Managing Partner/
Managing Director/ Authorised Signatory in full
on behalf of M/s. _____

PART C

(Additional particulars required by OSPCB to issue Consent for Establishment under Air and Water Act)

- 1 Particulars of human habitation within 500 mtrs. Of the factory (Pl. tick which ever is applicable) : Human Settlement / agriculture / highway / river, stream / forest / sanctuary / park / pond / lake / dam / estuary / sea / hills / mountain / industries.
- 2 Name of the raw-materials and chemicals used per month :

Sl. No.	Raw-materials / chemicals	Quantity used per month
1		
2		
3		
4		
5		

3. Water requirement / treatment / disposal :

Sl. No.	Purpose	Sources (River/well / groundwater / others)	Qty. / day	Waste Water		Treatment Planned	Point / place of final discharge (land / sewer / drain/ surface water /soak pit)
				Type	Qty.(KL/day)		
1	Mfg.						
2	Process						
3	Boiler feed						
4	Cooling						
5	Washing						
6	Domestic						
	Others						
TOTAL							

4. Details of solid waste generated :

Sl. No	Sources of generation	Qty. / day	Nature (lumps/ granules/ slurry/ sludge / dust)	Mode of disposal	Type of waste (organic / inorganic / ash/glass/metal etc.)
1	Mfg. Process				
2	Effluent treatment				
3	Air pollution control device.				
4	Others				

5 Proposal for waste water re-circulation / re-use – type and quantity

6. Sources of air pollution and control measures proposed :

(i)

(ii)

(iii)

7. Fuel Consumption

Sl.	Fuel consumption (Qty./day)	Coal	Diesel	Furnace Oil	Natural Gas	Others	Gas (Specify)
a)	Daily consumption						
b)	Calorific value						
c)	Ash content %						
d)	Sulphur content %						
e)	Other (Specify)						

8. No. of persons residing in the factory premises :

9. Details of STACK

		S T A C K Nos.				
a)	Attached to	:	1	2	3	4
b)	Fuel type	:				
c)	Fuel quantity	:				
d)	Material of construction	:				
e)	Stack height	:				
	i) Above the roof (in mtrs.)	:				
	ii) Above the ground (in mtrs.)	:				
f)	Diameters / size, in meters	:				
g)	Gas quantity (m ³ / hr.)	:				
h)	Gas temperature (°C)	:				
i)	Exit gas velocity, m/ssec.	:				

10. List of Reaction Vessels / Boilers / Furnace / Heating Chambers / Kiln etc.

Name	Nos.	Capacity	Stack height from Ground level (mtrs.)

11. No. of DG sets to be installed and individual capacity :

12. Other types of pollutions and control measures :

	Type	Control Measures
1.	Thermal	
2.	Odour	
3.	Radio active	

Place:

Date:

Signature of Proprietor/ Managing Partner/
Managing Director/ Authorised Signatory in full
on behalf of M/s. _____

PART D

(Additional particulars required by the Commercial Tax Department for issue of Regn. Nos. under Orissa Sales Tax (O.S.T.) / Central Sales Tax (C.S.T.) / Orissa Entry Tax (O.E.T.) / Orissa State Tax on Professions, Trades, Callings & Employments (O.S.T., P., T., C. & E.) Acts and Enrolment No. under O.S.T., P., T., C. & E. Act)

1. Registration under the Acts; Sections/ Rules (Put a tick mark whichever is applicable)

O.S.T. Act	U/S 9	U/S 9-A	U/S 9-C
O.E.T. Act	U/S 4		
O.S.T., P.T., C. & E. Act	U/S 4(1)/6(1) (For Registration)	U/S 5(1)/8(2) (For Enrolment)	For both

2. Particulars of all other places of Business / Sales outlets / Branches / Godowns / warehouses etc.

Sl. No.	Type of Business (Branches / godowns/ warehouses etc.)	Name & full address	Tel. No.	FAX	E-mail
<i>a</i>					
<i>b</i>					

3. Particulars of bank accounts:

Sl. No.	Bank	Branch	Address	Account No.
<i>a</i>				
<i>b</i>				
<i>c</i>				

4. Particulars of immovable properties owned by the dealer/ promoter (whether in Orissa or elsewhere in India). In case of Partnership, particulars in respect of all the partners should be furnished.

Description	Location	Nature and extent of proprietary right	Estimated value

5. Particulars of maintenance of accounts :

- (a) Language used : English / Oriya / Hindi/ Others (Please Specify)
- (b) Accounting Year : Jan-Dec./ Apr.-Mar./Jul-Jun./ Any other period
- (c) Periodicity of closure : Monthly / Quarterly / Half-yearly / Yearly

6. Particulars of registration certificates, if any, under the Orissa Sales Tax Act and the Central Sales Tax Act held by the dealer/ promoter or any partner or any of the member or any Director or any other person associated with business carried on by the dealer/ promoter.

Sl. No.	Name of the dealer/ promoter	OSTRC Number / CSTRC Number	Date of Issue	Name of the Circle under which the dealer/ promoter is presently assessed	Name & Address of the Proprietor/ Partner/ Chairman/ Managing Director	Remarks
1						
2						
3						
4						
5						
6						

7. Registration if any made in the concerned Sales Tax Act of any other State of India (Reference No. to be given).

Sl. No.	Name of the dealer/ promoter	Name of the State where registered	Registration No.	Name of the Circle	Remarks
1	2	3	4	5	6

8. Sales Tax dues, if any, outstanding against the dealer/ promoter or any partner, any member or any Director or any person associated with business carried on by the dealer/ promoter.

Year to which the dues relate	Whether under OST Act or CST Act	RC Number	Amount outstanding	Reasons for outstanding	Signature of the person against whom the dues are outstanding
1	2	3	4	5	6

9. The Gross Turnover of the business (including that at its branches) during the period not exceeding twelve months, commencing from _____ and ending on _____ is Rs. _____ (in case of application U/S 9 or U/S 9-A of the OST Act):

10. Details of the goods being dealt or proposed to be dealt in, which fall under any of the schedules under the OET Act, 1999.

Sl. No.	Description of Goods	Date of start of business in case of scheduled goods

11. Class of Employer. Put tick mark below the appropriate heading whichever is applicable. (For the purpose of O.S.T., P., T., C. & E. Act):

Individual	Firm	Company	Corporation	Society	Club	Association
------------	------	---------	-------------	---------	------	-------------

12. Number of employees for which deduction of tax will be effected U/s 5 of the Act (For the purpose of O.S.T., P., T., C. & E. Act):

Class of persons	Rate of Tax	Number of Employees	Amount payable every month
Monthly Salaries/ Wages			
(i) Do not exceed Rs 5000/-			
(ii) Exceeds Rs. 5000/- but do not exceed Rs. 6000/-			
(iii) Exceeds Rs. 6000/- but do not exceed Rs.8000/-			
(iv) Exceeds Rs.8000/- but do not exceed Rs.10000/-			
(v) Exceeds Rs.10000/- but do not exceed Rs.15000/-			
(vi) Exceeds Rs.15000/- but do not exceed Rs.20000/-			
(vii) Exceeds Rs.20000/-			

13. Amount of tax payable by the applicant under O.S.T., P., T., C. & E. Act per annum
Rs. _____ (If the applicant is himself an assessee under the O.S.T., P.,T.,C. & E. Act.)

14. Income Tax PAN No. of the dealer/ promoter and persons having interest in the business.

- (a) PAN No. of the dealer/ promoter _____
(b) PAN No. of the persons having interest in the business

Sl. No.	Name	PAN No.

15. Name and address of the two reference :

Sl. No.	Name	Residential address	Phone	
			Office	Residence

Place:

Date:

Signature of Proprietor/ Managing Partner/
Managing Director/ Authorised Signatory in full
on behalf of M/s. _____

The Central Sales Tax (Registration & Turnover) Rules, 1957
FORM – A
(See rule 3)

Application for registration under section 7(1)/7(2) of the Central Sales Tax Act, 1956

To

I, _____ son of _____ on behalf of the dealer
carrying on the business known as _____ within the State of _____
hereby apply for a certificate of registration under section 7(1)/7(2) of the Central Sales Tax Act, 1956, and
give the following particulars for this purpose:—

1. Name of the person deemed to be the Manager in :
relation to the business of the dealer in the said State.
2. Status or relationship of the person who makes this :
application (e.g., manager, partner, proprietor, director,
officer-in-charge of the Government business).
3. Name of the principal place of the business in the said
State and address thereof.
4. Name(s) of the other place(s) in the said State in which :
business is carried on and address of every such place.
5. Complete list of the warehouses in the said State in :
which the goods relating to the business are
warehoused and address of every such warehouse.
6. List of the places of business in each of the other States :
together with the address of every such place (if
separate application for registration has been made, or
separate registration obtained under the Central Sales
Tax Act, 1956, in respect of any such place of business,
particulars thereof should be given in details).

7. The business is

Wholly		Mainly
Partly	Partly	Partly

Here enter the authority specified in the general or special order issued by the Central Government under section 7(1) of the Act.

Here enter the name and style under which the business is carried on

Here enter the name of the State in which the application for registration is made.

Enter here whether business is wholly agriculture, horticulture, mining, manufacturing, wholesale distribution, retail distribution, contracting or catering, etc., or any combination of two or more of them.

8. Particulars relating to the registration, licence, :
permission, etc. issued under any law for the timing in
force of the dealer.

9. We are members of +
 10. We keep our accounts in _____ language and the script.
 * Name(s) and address(es) of the proprietor of the :
 11. business / partners of the business / all person having any interest in the business together with their age, father's name, etc.

Sl. No.	Name in full	Father's / husband's name	Age	Extent of interest in the business	Present address	Permanent address	Signature ^	Signature ^ and address of witness attesting signature in Col. 8
1	2	3	4	5	6	7	8	9

12. Business in respect of which this application is made, was first started on _____
 13. The first sale in the course of inter-State trade was affected on _____
 14. We observe the ** _____ calendar and for purposes of accounts our year runs from the(English date) ++ _____ day of _____ (Indian date) _____ day of _____ to the (English date / India date) _____ day of _____.
 15. We make up our accounts sales to date at the end of every month / quarter / half-year / year.
 16. The following goods or classes of goods are purchased by the dealer in the course of inter-State trade or commerce for –
 (a) [resale _____]
 (b) use in the manufacture or processing of goods for sale _____
 (c) use in mining _____
 (d) use in the generation or distribution of electricity or any other form of power _____
 (e) use in the packing of goods for sale / resale _____
 17. We manufacture. Process, or extract in mining the following classes of goods or generate or distribute the following form of power, namely: _____
 18. The above statements are true to the best of my knowledge and belief.

Name of the applicant in full _____
 Signature _____
 Status in relation to the dealer _____

Date _____

Strike out portion or paragraph whichever is not applicable.

-
- + Here enter the name of the Chamber of Commerce, Trade Association or commercial body of which the dealer is a member.
 * To be filled in if the applicant is not a company
 ^ Signature of each of the persons concerned should be obtained and attested.
 ** Enter here English, Bengali, Farsi, Hijra, Marwari or other calendar followed
 ++ In filling of these entries dealers who do not observe the English calendar should give the dates accordingly to their own calendar and the corresponding date of the English calendar.
 # Here name the goods or classes of goods against each category.
-

- I. The words "incorporated under the Companies Act, 1956 (1 of 1956), or under any other law" were omitted by G.S.R. 26(E), dated 1-2-1974.
 II. Subs. By G.S.R. 896, dated 23-9-1958.

LIST OF CLEARANCE(S) UNDER COMBINED APPLICATION FORM FOR ESTABLISHMENT & ENCLOSURE(S) REQUIRED

(Please indicate Y or N or NA in the box for 'Yes' or 'No' or 'Not Applicable' as the case may be against the respective clearances required)

PROVISIONAL REGISTRATION

1. Detail Project Report in case of investment in Plant & Machinery more than Rs.40 lakh and Project Profile for others.

CIVIL / GOVERNMENT LAND

1. Land documents like Registration / lease/ rent Deed (if existing)
2. Building plan drawn to scale indicating set backs.
3. Detailed Land Use Plan
4. Fees (if any).

FACTORIES AND BOILERS

1. Plans of factory buildings drawn to the scale [in duplicate] showing
 - ✓ Site of the factory
 - ✓ Immediate surrounding buildings, roads, drains, etc.
 - ✓ Elevation and necessary cross sections of various buildings, natural lighting, ventilation and means of escape in case of fire.
 - ✓ Position of the plant & machineries, aisles and passage ways.
2. A flow chart of manufacturing process with details
 - ✓ Chemicals used at various stages
 - ✓ Removal of dust, fumes, gases, trade wastes and effluents
3. In case of existing building, certificate of stability issued by a person possessing a degree in Civil or Structural Engineering.
4. Amount of Fee paid.....Challan Number.....
Dated..... Treasury / Bank name..... (for fees structure, refer the *Orissa Gazette Extra Ordinary No.357, Dt.26-3-1998*.)

POLLUTION CONTROL

1. Land documents like Registration / lease/ rent Deed (if existing)
2. Layout map of factory building along with list of pollution control / monitoring equipments.
3. Project report indicating the proposed capital investment in Pollution Control Measures.
4. Site Plant / Location map / Lay-out plant showing the location of stacks (Chimneys), effluent treatment plant, effluent disposal area, air pollution control devices, hazardous waste treatment and disposal areas.
5. Flow chart of manufacturing of process for each product with quantity of emission / discharge of pollutants.
6. DD No. _____ Dtd. _____ for Rs. _____ drawn on _____ in favour of OSPCB towards consent to establish fee under Water and Air Act separately.

COMMERCIAL TAX

1. Memorandum and Articles of Association and certificate of incorporation, partnership deed and registration certificate.
2. Purchase / leased / rental deed of the premises.
3. Attested true copies of documents in respect of immovable properties owned by the partners / owners.
4. PAN No.
5. Two copies of recent passport size photograph of the only applicant.
6. Two sheets containing specimen signature of the applicant duly attested by the Gazetted Officer (No photographs and specimen signature are required in case of Cost, societies and Co-op societies.
7. A DD / crossed cheque for Rs. _____ towards issue of Registration Certificates and Security Deposit.

ELECTRICITY SUPPLY

1. Site plan with proposed location details
2. Estimation for connection
3. Security Deposit based on load factor
4. Prescribed Form for execution of agreement with Division Officer of Electricity Supply Company duly signed by the authorized signatory of the unit.

WATER SUPPLY

1. Lay-out drawing of the premises showing the holding / ward / plot No., point of connection, length and diameter of the pipe / sewer lines and position of fixtures, inspection chambers and existing sewer lines and manholes in indelible ink. This drawing should be signed by registered PHD contractor and the owner.
2. Update Municipal holding receipt.
3. Approved building drawings – in duplicate, attested by the authorized signatory of the unit (original should be produced for verification and return).
4. Record of Rights of land in original to be produced for verification
5. Non-refundable fees for scrutiny of plan and supervision as per the chart.

CLEARANCE FROM LOCAL DEVELOPMENT AUTHORITIES

1. Site plan of the land (in duplicate) (refer Rule 527 of OMR 1953)
2. Building plan showing ground plan of each floor elevations and sections of the building signed by the architect / licenced builder / an engineer / a Surveyor (refer Rule 529 to 549 of OMR 1953).
3. Specification of work as specified in Appendix II of IMR 1953 (in duplicate)
4. A certificate from the Executive Officer / Director of Town Planning or other Officer as authorised stating that the building site is in accordance with development plan of the Municipality duly approved by the Council.

CLEARANCE FROM LOCAL BODIES

No additional document required

CLEARANCE FROM JURISDICTIONAL FIRE OFFICER

Building plan indicating location of fire fighting equipment arrangements

APPROVAL FOR TOURISM RELATED PROJECTS

No additional document required

APPROVAL FOR SETTING UP OF IT INDUSTRIES

No additional document required

Signature of Proprietor/ Managing Partner/
Managing Director/ Authorised Signatory in full
on behalf of M/s. _____

PART E
SPECIAL CLEARANCES

SPECIAL CLEARANCES AS GIVEN BELOW, IF REQUIRED
(Separate form in duplicate as available with Nodal Agency to be attached)

Clearance-

1. Licence for storage of minerals
2. Licence for storage of explosives
3. Licence under Drug & Cosmetics
4. Licence for Compounding, Blending & Bottling of Foreign Liquor

Signature of Proprietor/ Managing Partner/
Managing Director/ Authorised Signatory in full
on behalf of M/s. _____

Sl. No.

ACKNOWLEDGEMENT

Received the Combined Application Form No.from _____ M/s.
..... in complete shape
containingpages for obtaining for following clearances for establishment.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

Place:

Date:

Authorised Representative of Nodal Agency
for District / State level Authority.

Schedule II

COMBINED APPLICATION FORM FOR OPERATION OF INDUSTRIES

(See Rule 3(2))

1. This format is to be used for submission to the State Government for Assistance to operate industries, under Industrial Facilitation Act, 2004 as amended from time to time.
2. The application should be submitted to the Secretariat for High Level Clearance Authority/ State Level Single Window Clearance Authority/ District Level Single Window Clearance Authority in duplicate along with a crossed demand draft for Rs. _____/- drawn in favour of the " _____", payable at the State Bank of India, _____ Branch, _____.

For official use only

Serial Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Date	Month	Year				

1. Details of Bank Draft

Amount Rs.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Draft No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Draft Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Date	Month	Year				
Drawn on	<input type="text"/>						
	(Name of the Bank)						
Payable at	<input type="text"/>						

(i) Name and Address for correspondence of the Occupier / Promoter / Industrial Undertaking in full (BLOCK LETTERS)

Name of the Undertaking	<input type="text"/>
Promoter / Occupier	<input type="text"/>
Area	<input type="text"/>
Town	<input type="text"/>
Tehsil / Taluk	<input type="text"/>
District	<input type="text"/>
State	<input type="text"/>
PIN Code	<input type="text"/>
Telephone	<input type="text"/>
FAX	<input type="text"/>
E-mail	<input type="text"/>

(ii) Register of Companies Registration Number (if registered)

(iii) Status of the Occupier / Promoter / Industrial Undertaking

(1) Status of the Occupier / Promoter / Industrial Undertaking (Please tick the appropriate box)

- | | |
|--|--|
| <input type="checkbox"/> Non-Resident Indian | <input type="checkbox"/> Proprietorship |
| <input type="checkbox"/> Women | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Schedule Caste | <input type="checkbox"/> Private Limited Company |
| <input type="checkbox"/> Schedule Tribe | <input type="checkbox"/> Public Limited Company |
| <input type="checkbox"/> Minority | <input type="checkbox"/> Others* |

* Please enclose documents such as
 (i) List of Partners / Directors
 (ii) Resolution of Partners / Directors nominating one of the Partners / Directors as Occupier
 (iii) Partnership deed / memorandum and Articles of Association

(2) The name, father's name and address of the Manager

Name:-

Father's name:-

Address:-

(3) Indicate whether this proposal is for (Please tick the appropriate box)

- | | |
|---|--|
| <input type="checkbox"/> Establishment of a New Undertaking | <input type="checkbox"/> Change of Location |
| <input type="checkbox"/> Effecting Substantial Expansion | <input type="checkbox"/> Change of Ownership / name of company |
| <input type="checkbox"/> Manufacture of New Articles | <input type="checkbox"/> Graduation to Medium Scale |
| | <input type="checkbox"/> Others* |

* Please specify in a separate sheet

(4) Whether the proposal is in lieu of any other proposal already acknowledged by any of the Nodal Agencies under the Act

Yes No

(If, yes, indicate the previous reference number and date, attach the previous reference in original)

Reference No. _____ Date _____

IV. Location

Place / Town

Tehsil

District

State

PIN Code

V. Scale/ Size Industrial Undertaking (Please put ✓ in appropriate box)

- Project Cost < Rs. 50 crores
- Project Cost > Rs. 50 crores but < Rs. 1000 crores
- Project Cost > Rs. 1000 crores

(2) Please indicate whether the location is

(a) Within 25 Km from the periphery of a City having Population above one million according to 1991 Census

Yes No

(b) Located in an Industrial area / Industrial Estate

Yes No

VI. Item(s) of Manufacture : In case of more than one item supplementary sheets may be used. (Specimen of supplementary sheet is enclosed)

Total Capacity after expansion

--	--	--	--	--	--	--	--	--	--

Unit of Capacity

--	--	--	--	--	--	--	--	--	--

(4) Raw Material (including Components, Intermediates and Packing Materials) per annum

ITEM(S)	QUANTITY	UNIT	VALUE

VII. Whether the item(s) of manufacture / by-product / co-product is covered in Schedule I (Reserved for Public Sector), Schedule II (Under compulsory licensing) or Schedule III (Reserved for manufacture in Small Scale Sector) of Notification No.477(E), dated 25-7-1991/ as amended from time to time.

Schedule I

Yes

No

Schedule II

Yes

No

Schedule III

Yes

No

VIII. Investment

Actual Investment

(a) Land (for rented premises capitalised value of the same to be indicated)

--	--	--	--	--	--	--	--	--	--

(b) Building

--	--	--	--	--	--	--	--	--	--

(c) Plant & Machinery

--	--	--	--	--	--	--	--	--	--

(i) Indigenous

--	--	--	--	--	--	--	--	--	--

(ii) Imported

--	--	--	--	--	--	--	--	--	--

(a) CIF Value

--	--	--	--	--	--	--	--	--	--

(b) Landed Cost

--	--	--	--	--	--	--	--	--	--

(iii) Total [(i) + (ii)(b)]

--	--	--	--	--	--	--	--	--	--

(d) Working Capital

--	--	--	--	--	--	--	--	--	--

(e) Others, if any

--	--	--	--	--	--	--	--	--	--

Total

--	--	--	--	--	--	--	--	--	--

IX. Financing Pattern

Actual (Amount in Rupees)

Total Equity

(i) Resident Indian

--	--	--	--	--	--	--	--	--	--

(ii) Non Resident Indian

--	--	--	--	--	--	--	--	--	--

(iii) Foreign

--	--	--	--	--	--	--	--	--	--

Total Borrowings-

(i) Public Financial Institution	<input type="text"/>
(ii) Public Borrowing	<input type="text"/>
(iii) Other Sources	<input type="text"/>
Promoters' Contribution	<input type="text"/>

(1) Whether Foreign Technology Agreement is obtained (Please tick appropriate box)

Yes No

(If yes, please indicate the details)

X. Extent of Land acquired
(in Square Meters)

	Actual
1. Own	<input type="text"/>
2. IDCO Land	<input type="text"/>
3. Government Land	<input type="text"/>
4. Agricultural Converted Land	<input type="text"/>
5. Rented	<input type="text"/>
6. Others, if any	<input type="text"/>
Total	<input type="text"/>
(a) Built up Area	<input type="text"/>
(b) Open Area	<input type="text"/>

XI. Power (in KVA/ KW)

1. Electricity Company	<input type="text"/>
2. Others	<input type="text"/>
3. Own Generation	<input type="text"/>
4. DG Set	<input type="text"/>
Total	<input type="text"/>

XII. Water Requirement
(in K. Ltrs. per day)

1. Industrial Use	<input type="text"/>
2. Domestic Use	<input type="text"/>
3. Others	<input type="text"/>
Total	<input type="text"/>

X. Employment

(a) Supervisory	<input type="text"/>	<input type="text"/>
(b) Non - Supervisory	<input type="text"/>	<input type="text"/>
Total	<input type="text"/>	<input type="text"/>

XI. Date of Commencement of Commercial Production

Date		Month		Year			

DECLARATION

I/ We hereby further declare that the above statements are true and correct to the best of my/our knowledge and belief.

Place:
Date:

Signature of Proprietor/ Managing Partner/
 Managing Director/ Authorised Signatory in full /Occupier
 on behalf of M/s. _____
 Signature of Manager _____

Sl. No.

--	--

--	--	--	--	--

ACKNOWLEDGEMENT

Received the Combined Application Form No.from M/s
..... in complete shape containingpages for
obtaining for following clearances for operation.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

Place:
Date:

Authorised Representative of Nodal Agency
for District / State level Authority

PART B

(Additional particulars required by OSPCB/ Dir. F & B to issue Consent for Operation under Air and Water Act / Boilers)

1. Particulars of human habitation within 500 Mtrs. of the factory (Pl. tick which ever is applicable) : Human Settlement / agriculture / highway / river, stream / forest / sanctuary / park / pond / lake / dam / estuary / sea / hills / mountain / industries.
2. Name of the raw-materials and chemicals used per month. :

Sl. No.	Raw-materials / chemicals	Quantity used per month
1		
2		
3		
4		
5		

3. Water requirement / treatment / disposal :

Sl. No.	Purpose	Sources (River/well/ground water / others)	Qty. / day	Waste Water		Treatment Planned	Point / place of final discharge (land / sewer / drain / surface water /soak pit)
				Type	Qty.(KL/day)		
1	Mfg.						
2	Process						
3	Boiler feed						
4	Cooling						
5	Washing						
6	Domestic						
7	Others						
TOTAL							

4. Details of solid waste generated :

Sl. No.	Sources of generation	Qty. / day	Nature (lumps / granules/slurry / sludge / dust)	Mode of disposal	Type of waste (organic / inorganic / ash/glass/metal etc.)
1	Mfg. Process				
2	Effluent treatment				
3	Air pollution control device				
4	Others				

5. Proposal for waste water re-circulation / re-use – type and quantity
6. Sources of air pollution and control measures proposed :
- (i)
 - (ii)
 - (iii)

7. Fuel Consumption

Sl.	Fuel consumption (Qty./day)	Coal	Diesel	Furnace Oil	Natural Gas	Others	Gas (Specify)
(a)	Daily consumption (Qty./day)						
(b)	Calorific value						
(c)	Ash content %						
(d)	Sulphur content %						
(e)	Other (Specify)						

8. No. of persons residing in the factory premises :

9. Working season / operation : Whole year / Seasonal (Specify the period).

10. Details of STACK

Sl. No.	Description	S T A C K Nos.			
(a)	Attached to	1	2	3	4
(b)	Fuel type				
(c)	Fuel quantity				
(d)	Material of construction				
(e)	Stack height				
	(i) Above the roof (in Mtrs.)				
	(ii) Above the ground (in Mtrs.)				
(f)	Diameters / size, in meters				
(g)	Gas quantity (m ³ / hr.)				
(h)	Gas temperature (°C)				
(i)	Exit gas velocity, m/sec.				

11. List of Reaction Vessels / Boilers / Furnace / Heating Chambers / Kiln etc.

Name	Nos.	Capacity	Stack height from Ground level (Mtrs.)

12. No. of DG sets to be installed and individual capacity :

13. Other types of pollutions and control measures :

Sl. No.	Type	Control Measures
1	Thermal	
2	Odour	
3	Radio active	

Place:

Date:

Signature of Proprietor/ Managing Partner/
Managing Director/ Authorised Signatory in full
on behalf of M/s. _____

LIST OF CLEARANCE(S) UNDER COMBINED APPLICATION FORM FOR OPERATION & ENCLOSURE(S) REQUIRED

(Please indicate Yes – Y or No – N the box)

PERMANENT REGISTRATION CERTIFICATE

1. Documents indicating date of power supply
2. Invoice for first purchase of raw materials
3. Documents indicating date of first investment
4. Attested copies of O.S.T. & C.S.T. registration certificate
5. Copy of Agreement with Power Supply Company

FACTORIES AND BOILERS

1. Plans of factory buildings drawn to the scale [in duplicate] showing
 - ✓ Site of the factory
 - ✓ Immediate surrounding buildings, roads, drains, etc.
 - ✓ Elevation and necessary cross sections of various buildings, natural lighting, ventilation and means of escape in case of fire.
 - ✓ Position of the plant & machineries, aisles and passage ways.
2. A flow chart of manufacturing process with details
 - ✓ Chemicals used at various stages
 - ✓ Removal of dust, fumes, gases, trade wastes and effluents
3. In case of existing building, certificate of stability issued by a person possessing a degree in Civil or Structural Engineering.
4. Amount of Fee paid Rs. _____ (Rupees) _____
Chalan No. _____ Dtd. _____ Treasury / Bank name _____
(for fees structure, refer the *Orissa Gazette*, Extraordinary No.357, Dt.26-3-1998).

POLLUTION CONTROL

1. Land documents like Registration / lease/ rent Deed (if existing)
2. Layout map of factory building along with list of pollution control / monitoring equipments.
3. Project report indicating the proposed capital investment in Pollution Control Measures.
4. Site Plant / Location map / Lay-out plant showing the location of stacks (Chimneys), effluent treatment plant, effluent disposal area, air pollution control devices, hazardous waste treatment and disposal areas.
5. Flow chart of manufacturing of process for each product with quantity of emission / discharge of pollutants.
6. DD No. _____ Dtd. _____ for Rs. _____ drawn on _____ in favour of OSPCB towards consent to establish fee under Water and Air Act separately.

Signature of Proprietor/ Managing Partner/
Managing Director/ Authorised Signatory in full
on behalf of M/s. _____

COMBINED REGISTER OF OVERTIME WORKING AND PAYMENT

Sl.No.	Name of the Employee/ Father's name/ Husband's name	Sex	Designation	Emp. No / Sl.No. in register of employees	Particulars of OT worked		Normal rate of the wages per hour / day	Overtime rate of wages per hour	Total OT earning	Signature of the employee	Signature of the paying authority	Date on which O.T. wages paid
			Department		Date	Hours						

Signature of the Manager

FORM NO. 18

Notice of accidents / dangerous occurrence (resulting / not resulting in death or bodily injury)

[Prescribed under Rule 97]

1. (i) Name of Occupier / Manager :
- (ii) E.S.I. Employers' / Employee Code Number :
2. Name and address of the factory :
3. Name of principal products manufactured :
4. Specify the exact place where the accident / dangerous occurrence took place. :
5. Name and address of the injured person :
6. (a) Sex
- (b) Age
- (c) Occupation of the injured person
7. Local E.S.I. office of which the injured person is attached :
8. Date, shift and hour of accident or dangerous Occurrence. :
9. (a) Hour at which the injured person started work on the day of accident or dangerous occurrence. :
- (b) Whether wages in full or part are payable to him for the day of accident or dangerous occurrence. :
10. Cause of accident or dangerous occurrence-
- (a) If caused by machinery-
- (i) give name of the machine or dangerous occurrence.
- (ii) state whether it was moved by mechanical power that time.
- (b) state exactly what the injured person was doing at that time.
- (c) in your opinion, was the injured person, at that time or accident or dangerous occurrence.
- (i) acting in contravention of provisions of any law applicable to him, or
- (ii) acting in contravention of any orders given by or on behalf of his employer, or
- (iii) acting without instruction from his employer

- (d) In case reply to the items (c) (i), (c)(ii) or (c)(iii) is in the affirmative, state whether the act was done, for the purpose of or in connection with the employers trade or business.
11. In case the accident or dangerous occurrence happened while meeting emergency, state-
- (i) its nature
 - (ii) whether the injured person at the time of accident was employed for the purpose of his employer's trade or business in or about the premises at which the accident took place.
12. Describe briefly how the accident / dangerous : occurrence occurred. :
13. Name and address of witness
- (1)
 - (2)
 - (3)
14. Nature and extent of injury (e.g. fatal, loss of limbs, fracture of limbs, scald or scratch and followed by sepsis and loss of eye-sight, etc.)
15. (a) If the accident is not fatal, state whether the injured person was disable for more than forty-eight hours.
(b) Date and hour of return to work
16. (a) Physician, dispensary or hospital from whom or in which the injured person received or is receiving treatment.
(b) Name of dispensary / Panel doctor elected by the injured person.
17. (i) Has the injured person died ?
(ii) If so, date of death

I certify that, to the best of my knowledge and belief, the particulars are correct in every respect.

Signature (Manager)

(This space is to be completed by the Inspector of Factories)

District Date of receipt.....

No. of accidents or dangerous occurrence

Causation

Other particulars (e.g. fatal, leg injury, arm injury, etc.)

Date of investigation:-

Result of investigation:-

N.B.:- Strike out which are not applicable

.....

COMBINED ANNUAL RETURNS

A. GENERAL PARTICULARS :-

1. (a) Name and full address of the Factory / Establishment (including Building and other construction of work / Motor Transport undertakings)

	Factory / Establishment	Regd. / Administrative / Head Office
Name:		
Address:		
Tel:-		
Fax-		
E-mail -		
Website -		

- (b) Name and Residential address of the Proprietor / Partner / Directors / Employers / Principal / Employer / Occupier. (tick whichever is applicable).

Sl. No.	Name Father's name	Designation	Residential Address	Tel./Mobile/E-mail

- (c) Name and Residential Address of the person responsible for the day to day conduct and control of business.

Name	Residential Address	Tel / Mobile / E-mail

- (d) Name & Residential Address of the occupier and Mgr. as named under the Factories Act, 1948.

Sl. No.	Name	Designation	Res. Address	Tel / Mobile / E-mail

2. Date of commencement of Manufacturing / Business / Estt. / Factories / Construction of works.

2 (a) Nature / Type of Industries / Essts.

2 (b) Particulars of Products Manufactured / Services Rendered

Name of the Product / Services	Annual Installed Capacity	Quantity Manufactured	Percentage achieved	Value

2 (c) Registration and License

Regd. No.

License No.

- (i) Factories Act, 1948
- (ii) Contract Labour (R & A) Act, 1970
- (iii) OS and CE Act, 1956
- (iv) ISMW (R & CE) Act, 1979
- (v) MTW Act, 1961

2 (d) Building and other Construction Workers (RECS) Act, 1996

No. of workmen / employees / employed.

Category	Male	Female	Adolescent / Adult	Child	Total No. of Employees
Un-skilled					
Semi-Skilled					
Skilled					
Highly Skilled					
ITI / Diploma					
Degree-Engg.					
Executive					
Probationer / Trainees					

3. Particulars of Employment / Payment in Factories / Estts. / Motor Transport Undertakings / Building Construction of work.

(a)

No of Person on Roll as on 1st January	No. of person on Roll as on 31st December	No of days Factory / Estt. / Building & Other construction works / Carried on	No. of days Factories / Estt./ Closed	No. of Mandays worked during the year	No. of manhours worked including O.T during the year	Total Amount of Salary / Wages paid including O.T. Wages & allowances

(b) Average Number of Employment during the year: -

Men	Women	Total

(c) No of employees discharged / dismissed / terminated / retrenched / resigned or retired during the year

Men	Women	Total

In respect of Minimum Wages & Payment of Wages etc.

Particulars of deduction made from salary (wages) under MW and PW Act

	No of Employees involved	Total Amount of deduction made
1. Illness		
2. Damages / Loss		
3. Breach of Contract		
4. Others		
5. Total		

**In respect of the Factories Act / Orissa Shops & Commercial Establishment Act, 1956/P/O.I.E. (N & I)
II. Act, 1972.**

7. Particulars of Earned Leave with Wages / National Festival Holidays with Wages :

	Total No. of persons employed	No. of Employees eligible for Earned Leave	No. of employees availed / granted Earned Leave	No. of employees paid wages / salary in lieu of Earned Leave	No. of person who were paid wages for the NFH (separate figure for each day may be furnished)
1. Man					(i) 26 th January
2. Woman					(ii) 1 st May
					(iii) 15 th August
					(iv) 2 nd October
					(v)
					(vi)
					(vii)
					(viii)
					Total

8. Payment of Bonus paid during the year :

Name of the Accounting year	Total No. of employees	No. of employees eligible for Bonus	Percentage of Bonus / Ex gratia declared	Total amount of Bonus / Ex gratia paid	Date of payment
1	2	3	4	5	6

Relating to the Factories Act

9. Does the Factory carry on hazardous process under Section 2 (cb) / Dangerous Operation under Section 81 of Factories Act, 1948 ?

- (i) Whether Health and Safety Policy prepared and published Yes / No
- (ii) Whether occupational Health Centre provided Yes / No
- (iii) Whether Medical Officer appointed Yes / No
- (iv) Whether Ambulance Van Provided Yes / No
- (v) Average number of persons employed daily in hazardous process / dangerous operation.

10. Safety and Welfare Officers: -

(a)

	No. of Officers required to be appointed	No. of Officer actually appointed
(i) Safety Officers as per Sec-40 B of Factories Act		
(ii) Welfare Officers as per Sec-49 of the Factories Act		

(b) Whether the following Welfare measures are provided ?

- (i) Ambulance Room as per Sec-45 (A) Yes / No
- (ii) Canteen as per Sec-46 (I) Yes / No
- (iii) Whether the canteen is run departmentally or through contractor
Departmentally / Contractor
- (iv) Creche as per Sec-48 (I) Yes / No
- (v) Shelters, Rest Rooms and Lunch Rooms as per Sec-47 (I) Yes / No

11. Particulars of Accidents, Man'days lost and others

- (i) Total No. of accidents that have taken place in the year
- (ii) Number of employees involved in such accidents (Men- , Women-)
- (iii) Total number of man'days lost in such accident
- (iv) No. of employees returned to work within 48 hours of the accident
- (v) No. of employees returned to work after 48 hours of the accident

(Reportable accident)

- (a) Without Permanent / Partial / Total Disablement
- (b) With Permanent / Partial / Total disablement
- (vi) Number of employees involved in accidents which either immediately or later within 7 days resulted in death.

Maternity Benefit Act.

12. (a). Relating to Maternity Benefits: -

- (i) Total No. of women workers who worked for a period of 160 days in the last 12 months immediately preceding the date of delivery.
- (ii) No. of women workers discharged / dismissed in the last 12 months
- (iii) No. of women workers for whom pre-natal confinement and post-natal confinement is provided by the employer with free of cost.
- (iv) No. of women workers died
 - (a) Before delivery
 - (b) After delivery

(b) Leave / additional leave details : -

Item	No. of women applied for leave	Leave sanctioned	Leave rejected
(i) Mis-carriage			
(ii) Illness (additional leave under Sec.-10)			

(c) Maternity Benefit Paid : -

Item	No. of claim received	No. of Leave sanctioned	No. of claims rejected	Total benefit paid in Rupees
(i) Confinement				
(ii) Mis-carriage				
(iii) Illness				
(iv) Medical Bureaus				

Relating to Contract Labour (R & A) Act

13 (a) Contract Labour :

Name & Address of the Contractor/ Contractors	Period of contract From / To	Nature of work / operation in which contract labour were employed Deptt. / Section	No. of person employed	Maximum No. of contract workman employed on any day during the year	No. of days worked	No. of mandays worked
(i)						
(ii)						
(iii)						
(iv)						
		Total				

(b) Whether contract has provided ?

- (i) Canteen Yes/No
- (ii) Rest Room Yes/No
- (iii) Drinking Water Yes/No
- (iv) Creche Yes/No
- (v) First Aid Yes/No
- (vi) Remarks

Relating to Building and other Constructions Workers (RE & CS) Act.

14. Particulars of accident that took place during the year-

- (i) The total No. of accident.
- (ii) The number of accidents resulting in disablement of building workers for less than 48 hours, the number of building workers involved and the number of man-days lost.
- (iii) The number of accidents resulting in disablement of building worked beyond 48 hours, but not resulting in any permanent partial or permanent total disablement, the number of building workers involved and the number of man-days lost on account of such accident.
- (iv) The number of accidents resulting on permanent partial or total disablement, the number of building workers involved and the number of man-days lost on account of such accident.
- (v) The number of accidents resulting in deaths of building workers and the number of resultant deaths.

15. INTERSTATE MIGRANT WORKMEN (RE & CS) ACT :

In respect of Principal Employer

- (i) Number of contractors who worked in the establishment during the year with details :

Name & Address of the Contractor	Period of Contract		Name of work	Maximum number of workers supplied by each contractor	No. of days worked	No. of mandays worked
	From	To				

Signature of Occupier / Employer / Manager

Combined Muster Roll-cum- Register of Wages

Name and Address of the
Factory Establishment

Name and Address of the
Contractor (if any)
Place of work

Name and Address of the
Principal employer
Month / Year

Sl. No.	1	2	Name of the employee Father/ Husband name	Sex M/F	Date of Birth	Emp. No./ Sl. No. in Register of employees	Degn. / Deptt.	Date of joining	ESI No.	P.F. No.	ATTENDANCE							No. of payable days / Total units of work done	Name of N & FH for which wages have been paid
											Units of work done (if piece rated)								
											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	26	27	28		
											29	30	31						

Month & Year

EARNINGS										DEDUCTIONS										Total	Net payable	Date of payment				
Basic	DA/ VDA	HRA	Conv allow	Med. allow	ATT/ allow bonous	Spl. all	O T	Misc Earnings	Others	Total	ESI	P F	P T	TDS	Socy	Insu-ance	Sal. Adv	F i n e	Dam- age				Oth- ers			

Complete Signature of the Employer / Principal Employer / Authorised Signatory

Form No.31-A

HEALTH RECORD

(Pre-employment / Periodical)
[Prescribed under Rule 62-I]

1. Name of the factory :
2. Name of the Employee :
3. Employee Distinguishing Number :
4. Age of the employee :
Identification mark :
Nature of the job :
5. Date of employment :
6. Length of service in years :
7. General Survey
Health:- Good / Fair / Poor
Height:- cms.
Weight:- Kg.
8. Blood group
9. Eye Vision
Normal / Abnormal
Use of glass:- Yes / No
10. Hearing: Normal / Abnormal
11. Respiratory system and Chest Measurement
Inspiration
Expiration
Respiration rate / min
Remarks, if any
12. Cardiovascular system
Pulse rate
B.P.
Heart Sound
Remarks, if any
13. Abdomen Tenderness : Yes / No
14. Nervous system
History of Fits : Yes / No
Epilepsy : Yes / No
Remarks on Mental Health

15. Locomoter System : Normal / Abnormal

16. Skin condition : Normal / Abnormal

Remarks on any skin Disease Noticed :-

17. Hernias : Present / Absent

18. Hydrocele : Present / Absent

19. Present Complain, if any

20. Summary of Findings :

Heart disease

Hypertension

Diabetes

T.B.

Epilepsy

Poisoning

Others

Occupational disease, if any

21. Recommendation, if any

for any further investigation.

Signature of the Employee

Signature of the Medical Officer