LABOUR DEPARTMENT

Information/ List of documents to be provided with the application for exemption of working of women workers in the factories during night shift

1 1	Details of the Factory					
(a)	ID No. (assigned at the					
	departmental portal)					
(b)	Name & complete addre	ess				
	of the Factory					
(c)	Landline / Mobile No.					
(d)	E-mail					
	Details of the Occupier of	the Factory				
(a)	Name					
(b)	Residential Address					
(c)	Contact No.					
	Details of the Manager of	the Factory				
(a)	Name	3				
(b)	Residential Address					
(c)	Contact No.					
4.	Details of Factory License					
	License No.	Valid upto	No. of Workers	Po	ower (in HP)	
	Manufacturing Process			T		
6.	Number of workers	Men	Women		Total	
	employed in the factory					
7.	Number of women work	T. C.	he night shift			
8.	Exemption sought	Section 66 (1)(b)	Notification No. 11/45/2017-4Lab. Dated			
		(7.00 D M +0 10.00 D	M)	7/00/00		
	under	(7:00 P.M. to 10:00 P.		7/08/201		
	(tick mark)	(7.00 P.IVI. to 10.00 P.		,	00 A.M.)	
		(7.00 P.W. to 10.00 P.		,		
9.	(tick mark)		(7:00 P	M. to 6:0		
9.		claration / consent of	(7:00 P	M. to 6:0	00 A.M.)	
9.	(tick mark) Proof regarding the dec	claration / consent of ched.	(7:00 P	M. to 6:0	00 A.M.)	
	(tick mark) Proof regarding the deduring night shift is attaction.	claration / consent of ched. cy regarding prohibition	(7:00 P	M. to 6:0	00 A.M.) Yes / No	
	(tick mark) Proof regarding the deduring night shift is attached by the desired proof of framing of policy and the desired proof of th	claration / consent of ched. cy regarding prohibition tached.	women workers to	M. to 6:0	00 A.M.) Yes / No	
10.	Proof regarding the deduring night shift is attached a proof of framing of policy workplace / factory is at	claration / consent of ched. cy regarding prohibition tached. of Internal Complain	women workers to n of sexual harassme	M. to 6:0 work nt at	Yes / No Yes / No	
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beleading need bed paidten to a min ballied		
Verified that the content of above affidavit are true and correct		
·uo	Verification	
Deponent	Place: Dated:	
That the deponent is Occupier of M/s. That the deponent is Occupier of M/s. Department Notification No. 11/45/2017-4Lab dated 17.9.2017 allowing employment of women in night shifts from 7.00 p.m. and conditions. That as per above said notification, the management has applied to the State Government for obtaining permission for employing women in night shifts from 7.00 p.m. to 6.00 a.m. That the deponent is fully responsible to implement the terms and conditions as contained in the Haryana Government No. 11/45/2017-4Lab dated 17.9.2017. That in case at any stage the management is found violating any terms and conditions, in that case the State Government shift in case at any stage the management is found violating the management is found violating any terms and conditions, in that case the State Government any terms and conditions, in that case the State Government any terms and conditions, in that case the State Government and conditions.		
, do hereby solemnly state and affirm as	s/M	
Son of Sh		

to the best of my knowledge and belief and nothing had been concealed

Deponent

Place:

therein.