

EMPLOYMENT OF CHILDREN RULES, 1995

FORM 'A'

(SECTION 9)

[RULE 3(1)]

NOTICE OF PERIOD OF WORK

To,

The Chief Inspector/inspector of the area:

1. The name of the Establishment.....
2. Location of the Establishment.....
3. Address.....
4. The name of the person of the person in actual management of the Establishment.....
5. Address for communication.....
6. The nature of Occupation, or process carried on in the Establishment.

Signature of the Occupier

FORM 'A-1'

(SECTION 9)

[RULE 3(1)]

NOTICE OF CLOSED DAY

Closed day to be.....day.

1. Name and Address of the Establishment.....
2. Name of Occupier.....
3. No. of Child Workers/Adolescents.....

Signature of Occupier.

FORM 'B'

(SECTION 9)

[RULE 3 (2) (A)]

**NOTICE OF PERIOD FOR WORK FOR ADOLESCENT/
CHILD WORKERS**

Name of Establishment.....

Place where situated.....

Hour of starting work.....

Hour of Closing work.....

Period of rest interval.....from.....to.....

Weekly holidays given on.....

Dated.....

Signature of Occupier.

FROM 'B-1'
(SECTION 9)
[RULE 3(2)(B)]

**NOTICE OF PERIODS FOR WORK FOR ADOLESCENT/
CHILD WORKERS.**

Name of Establishment

Place where situated.....

On ordinary working days.....

Hour of starting work.....

Hour of closing work

Period of rest interval.....from.....to.....

On half holiday which is given:

Hour of starting work.....

Hour of closing work.....

Weekly holidays given on.....

Dated.....

Signature of Occupier.

FORM 'C'
(SECTION 10)
[RULE 4(2)]

**CERTIFICATE UNDER SECTION 10 OF THE EMPLOYMENT
OF CHILDREN Act, 1991**

1. Serial No..... Serial No.....

2. Date..... Dated.....

3. Name..... I hereby certify that I have
personally examined.

4. Father's Name..... (Name).....

5. Sex and caste of religion. Son/daughter of.....
(caste etc.)

6. Residence..... Residing at.....

7. Age certified..... Who is desirous of being
employed in a factory and that

his/her age, as nearly as can be ascertained from my examination is.....years and that he/she is fit for employment as a child/adolescent in a factory. His/her descriptive marks are.

Thumb Impression.
Examining Surgeon
(Countersigned)
Certifying Surgeon.

Thump Impression.
Examining Surgeon.
(Countersigned)
Certifying Surgeon.

FORM 'D'
(SECTION 11)
[RULE 5(1)]

REGISTER OF CHILD WORKERS UNDER SECTION 11 OF THE ACT

Working Hours. For the month of.....
From.....to..... Nature of Establishment.....
1st period
Rest Interval Place where situated
22nd period

S. No.	Father's Name	Date of Birth	Caste or Religion	Nature of Work	Group	Relay	Remarks
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FORM 'E'
[RULE 14(2)]
NOTICE OF ACCIDENT
FIRST ACCIDENT REPORT

(To be submitted within twenty-four hours from the time of occurrence of the accident)

1. (a) Name and address of the Establishment.
(b) Telephone No.
2. Name and address of occupier.
3. Principal product (S) services rendered.
(i)
(ii)
4. Particulars of the injured persons:
(a) Name and father's name.
(b) Address: (i) Present
(ii) Permanent.
(c) Age
(d) Sex
(e) Occupation
5. Date and time of accident.
6. Branch. Department/Place where accident occurred.
7. Brief description of:
(a) Causes of accident.
(b) Nature of Injuries.
8. Name and address of witnesses to the accidents.
(a)
(b)

Name and address of the medical officer under whose treatment the injured person has been placed.

Date and time of despatch of report.

Signature of Occupier.
