

LABOUR DEPARTMENT

Information Sheet to be filled by occupier/manager of the factory seeking the exemption for working of women workers during night shift.

1. Details of the Factory				
(a)	ID No. (assigned at the departmental portal)			
(b)	Name & complete address of the factory			
(c)	Landline/Mobile No.			
(d)	E-mail			
2. Details of the Occupier of the Factory				
(a)	Name			
(b)	Address			
(c)	Contact No.			
3. Details of the Manager of the Factory				
(a)	Name			
(b)	Address			
(c)	Contact No.			
4. Details of Factory Licence under the Factories Act, 1948				
	License No.	Valid up to	No. of Workers	Power (in HP)
5. Manufacturing Process :				
6.	Number of workers employed in the factory	Men	Women	Total
7	Number of women workers to be employed in the night shift			
8.	Exemption required (..... P.M to A.M)			
9	The provisions of the Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013 to provide protection against sexual harassment of women at workplace are being implemented?	Yes/no		
10	Proof regarding the declaration/consent of all the women workers to work during night shift is attached? (i.e workers security guards, supervisor, nurse etc.)	Yes/no		Page No.
11.	Proof of framing of policy regarding prohibition of sexual harassment for workplace/factory is attached? Note:- In case of more than one factory the policy shall be framed for each factory separately.	Yes/no		Page No.
12	Proof of constitution of Internal Complaint Committee to ensure prohibition of sexual harassment for workplace/factory is attached? Note:- In case of more than one factory the ICC shall be constituted for each factory separately.	Yes/no		Page No.
13	Details with proof regarding installation of CCTV Cameras in the factory and each vehicle provided for transportation of women workers is attached? (i.e. photos etc.)	Yes/no		Page No.

14	Details with proof deployment of sufficient women security guards, supervisors and wardens in the night shift is attached? (i.e duty roster, photos, copy of agreement for the current year having the clause for service to be provided during night shift etc.	Yes/no	Page No.
15	Details with proof of transportation facility provided to the women workers from their residence and back (for the night shift) and deployment of security guard (including female security guard) in each vehicle is attached? (i.e route chart, photos, security guard details, copy of agreement for the current year having the clause for service to be provided during night shift etc.)	Yes/no	Page No.
16.	Details with proof regarding providing of free medical facility by engaging a doctor and a female nurse, medical vehicle to meet the emergent situation such as hospitalization during night shift is attached? (i.e duty roster, photos, vehicle details, copy of agreement for the current year having the clause for service to be provided during night shift etc.)	Yes/no	Page No.

Declaration:-

IOccupier/Manager of M/s....., do hereby solemnly state and affirms that I have gone through the Haryana Govt. Labour Department notification no. datedunder the Factories Act, 1948, on certain terms and conditions regarding allowing working of women in night shift i.e. 07.00PM to 06.00AM. The management is fully responsible to implement the terms and conditions as contained in the said notification. In case at any stage the management is found violating any terms and conditions, in that case the State Government shall have a right to withdraw the approval.

Place:
Dated:

(Signature with seal)
Name
Designation (Occupier/Manager).....