

Name of Service

Renewal of Contractor under the Inter State Migrant Workmen (RE&CS) Act,1979.

Name of Department

Department of Labour and Employment, GoJK

Policy/Government Order

Inter State Migrant Workmen (RE&CS) Act,1979

Form Fields:

#	Section	Caption Name	Type of Field	Mandatory (Yes/No)
1.	Renew Migrant Contractor Registration	Enter Old Existing Registration / Approval Certificate File	Upload Option	Yes
2.		Old Existing Registration / Approval number	Alpha/numeric	Yes
3.		Date of License	Calendar	Yes
4.		Date of Expiry of Previous License	Calendar	Yes
5.		Annual Return Acknowledgement	Upload Option	Yes
6.	Establishment Details	Name of the contractor	Alpha/numeric	Yes
7.		Father's / Husband's Name (in case of individual)	Alpha/numeric	Yes
8.		Address 1	Alpha/numeric	Yes
9.		Address 2	Alpha/numeric	Yes
10.		City	Alpha	Yes
11.		District	Alpha/Dropdown	Yes
12.		Pincode: *	Numeric	Yes
13.		E mail Id	Alpha/numeric	Yes
14.		Phone Number	Alpha/numeric	Yes
15.		Date of Birth (in case of individual)	Calendar	Yes
16.		Whether the contractor was convicted of any offence within the preceding five years. If so, give details (leave blank if not applicable)	Alpha/numeric	Yes
17.		Whether there was any order against the contractor revoking or suspending license or forfeiture security deposit in respect of an earlier contract. If so, give details	Alpha/numeric	Yes

#	Section	Caption Name	Type of Field	Mandatory (Yes/No)
		of the order with date (leave blank if not applicable)		
18.	Name and address of the establishment where the migrant workmen are to be employed	Name of establishment	Alpha/numeric	Yes
19.		Address 1	Alpha/numeric	Yes
20.		Address 2	Alpha/numeric	Yes
21.		City	Alpha/numeric	Yes
22.		District	Alpha/Dropdown	Yes
23.		Pincode	Numeric	Yes
24.		Email Id	Alpha/numeric	Yes
25.		Phone Number	Numeric	Yes
26.		Type of business, trade, industry, manufacturing or occupation, which is carried on this establishment	Alpha/numeric	Yes
27.	Name and address of the principal employer of establishment where the migrant workmen are to be employed	Name of the principal employer	Alpha/numeric	Yes
28.		Designation	Alpha/numeric	Yes
29.		Address 1	Alpha/numeric	Yes
30.		Address 2	Alpha/numeric	Yes
31.		City	Alpha/numeric	Yes
32.		District	Alpha/Dropdown	Yes
33.		Pincode	Numeric	Yes
34.		Email Id	Alpha/numeric	Yes
35.		Contact Number	Numeric	Yes
36.	Particulars of migrant workmen	Nature of work in which migrant workmen are employed or are to be employed in the establishment	Alpha/numeric	Yes
37.		Proposed date of commencement of employment of migrant workmen under contractor*	Calendar	Yes
38.		Proposed date of termination of employment of migrant workmen under contractor	Calendar	Yes
39.		Maximum no. of migrant workman proposed to be employed in the establishment on any date	Numeric	Yes
40.	Name and address of agent or manager of	Name of agent or manager	Alpha/numeric	Yes
41.		Designation	Alpha/numeric	Yes

#	Section	Caption Name	Type of Field	Mandatory (Yes/No)
42.	the contractor at the work site	Address 1	Alpha/numeric	Yes
43.		Address 2	Alpha/numeric	Yes
44.		City	Alpha/numeric	Yes
45.		District	Alpha/Dropdown	Yes
46.		Pincode	Numeric	Yes
47.		Email Id	Alpha/numeric	No
48.		Contact Number	Numeric	Yes
49.		Documents	List of Migrant Workers	Upload Option
50.	Photograph of Contractor		Upload Option	Yes
51.	Aadhaar Card / Election Card / Driving License of Contractor/Employer		Upload Option	Yes
52.	Certificate from Principal Employer		Upload Option	Yes
53.	Any other supporting document		Upload Option	Yes

Appendix

FORM IX
[See rule 15(2)]
Application for Renewal of Licence

1. Name and address of the contractor.
2. Number and date of the Licence.
3. Date of expiry of the previous licence.
4. Whether the licence of the Contractor was suspended or revoked.
5. Number and date of the crossed demand draft enclosed.

Place:
Date:

Signature of the Applicant

(To be filled in the Office of the Licensing Officer)

Date of receipt of the application with crossed demand draft No. and date.

Signature of the Licensing Officer