कामगार विभागाच्या महाराष्ट्र लोकसेवा हक्क अधिनियम २०१५ अंतर्गत अधिसूचित लोकसेवा तसेच राबविण्यात येणाऱ्या योजनांचे शासकीय प्रक्रिया पुनर्रचने (GPR) अंतर्गत सुसूत्रिकरण करणेबाबत.

महाराष्ट्र शासन
कामगार विभाग
शासन निर्णय क्र. संकिर्ण २०२५/प्र.क्र.१३६/कामगार ९
मंत्रालय विस्तार, मुंबई ४०० ०३२
दिनांक : १७ नोव्हेंबर, २०२६

<u>वाचा</u>:- १. सन २०१५ चा महाराष्ट्र अध्यादेश क्र. ५, दिनांक २८/०४/२०१५.
२. उद्योग, ऊर्जा व कामगार विभागाचे पत्र क्र.संकीर्ण-२०२५/ प्र.क्र.१३६/कामगार-९, दि.१७/०९/२०२५.
३. उद्योग, ऊर्जा व कामगार विभागाचे शासन निर्णय क्र.संकिर्ण २०२५/प्र.क्र.४२/कामगार ९, दिनांक ०९/०७/२०२५.
४. उद्योग, ऊर्जा व कामगार विभागाची अधिसूचना क्र. संकिर्ण २०२५/प्र.क्र.४२/कामगार ९, दिनांक ०४/०९/२०२५.

<u>प्रस्तावना :-</u>

राज्यातील पात्र व्यक्तींना पारदर्शक, कार्यक्षम व समयोचित लोकसेवा देण्याकरिता तसेच लोकांच्या स्थानिक प्रशासनाकडून वाढत्या अपेक्षा विचारात घेवून त्यांना तत्पर व दर्जेदार सेवा पुरविण्याच्या दृष्टीकोनातून महाराष्ट्र लोकसेवा हक्क अध्यादेश-२०१५, दि.२८/०४/२०१५ रोजी महाराष्ट्र राज्यात लागू करण्यात आला आहे. या अध्यादेशातील कलम ३ मध्ये नमूद करण्यात आल्यानुसार प्रत्येक सार्वजनिक प्राधिकरणाने अध्यादेश लागू झाल्यानंतर ३ महिने कालावधीच्या आत व त्यानंतर वेळोवेळी ते पुरवित असलेल्या लोकसेवा पदनिर्देशित अधिकारी, प्रथम व द्वितीय अपिलीय अधिकारी आणि नियत कालमर्यादा या अध्यादेशाखाली अधिसूचीत करणे आवश्यक आहे. सदरहू अध्यादेश निर्गमित करण्यामागे सार्वजनिक प्राधिकरणाने त्या पुरवित असलेल्या सेवा अधिनियमांतर्गत प्रसिध्द करून त्याप्रमाणे संबंधित सेवा पुरविणे आवश्यक आहे.

२. महाराष्ट्र लोकसेवा हक्क अधिनियमांतर्गत पुरवावयाच्या सेवांमध्ये महाराष्ट्र लोकसेवा हक्क अधिनियम-२०१५ च्या कलम ३ नुसार कामगार विभागाच्या शासन निर्णय, शुद्धिपत्रक व अधिसूचनांद्वारे कामगार विभागाच्या प्रशासकीय अधिपत्याखालील कामगार आयुक्त कार्यालय, औद्योगिक सुरक्षा व आरोग्य संचालनालय व बाष्पके संचालनालयामार्फत पुरविण्यात येणाऱ्या एकूण -४१ सेवा सन २०१५-१६ पासून अधिसूचीत करण्यात आल्या होत्या.

३. मा.मुख्य आयुक्त, राज्य सेवा हक्क आयोग यांच्या अध्यक्षतेखाली दि.२७/०९/२०२३ व दि.१३/११/२०२४ रोजी झालेल्या बैठकीमध्ये "कामगार विभागामार्फत अधिसूचित केलेल्या व अधिसूचित करावयाच्या सर्व ऑनलाईन सेवा महाराष्ट्र लोकसेवा हक्क अधिनियम-२०१५ च्या कार्यकक्षेत आणण्याचे निर्देश देण्यात आले. तसेच मा.मुख्यमंत्री महोदयांनी दिलेल्या निर्देशानुसार १५० दिवसांचा कृती आराखडा

निश्चित करण्यात आला होता. त्यामध्ये ई-प्रशासन सुधारणा उपक्रमांतर्गत सेवा व योजनाविषयक बाबींमध्ये सुधारणा करण्याचे निर्देश देण्यात आले. त्या अनुषंगाने शासनाने गठीत केलेल्या अभ्यासगट समितीने दिलेल्या अभिप्रायानुसार कामगार विभागाच्या अधिपत्याखालील क्षेत्रिय कार्यालयामार्फत यापुर्वी पुरविण्यात येणाऱ्या सेवांबाबतचे सर्व शासन निर्णय अधिक्रमीत करण्यात येऊन दिनांक ०९/०७/२०२५ रोजीचे शासन निर्णय व दिनांक ०४/०९/२०२५ रोजीच्या अधिसूचनेद्वारे कामगार विभागाच्या अधिपत्याखालील क्षेत्रिय कार्यालयामार्फत (आयुक्तालये, संचालनालये, मंडळे) पुरविण्यात येणाऱ्या एकूण-९४ सेवा महाराष्ट्र लोकसेवा हक्क अधिनियम-२०१५ अंतर्गत अधिसूचित करण्यात आल्या होत्या.

४. केंद्र शासनाने २९ कामगार कायद्यातील तरतूद एकत्रित करुन (१) वेतन संहिता २०१९ (२) औद्योगिक संबंध संहिता २०२० (३) सामाजिक सुरक्षा संहिता २०२० व (४) व्यावसायिक सुरक्षा, आरोग्य आणि कार्यस्थळ परिस्थिती संहिता, २०२० या चार कामगार संहिता तयार केल्या आहेत. तसेच केंद्र शासनाने दिनांक २१/११/२०२५ पासून संपूर्ण देशात चार कामगार संहिता लागू केलेल्या आहेत. केंद्र शासनामार्फत तयार करण्यात आलेल्या चार कामगार संहिता (Labour Codes) महाराष्ट्रात लागू करण्यासंदर्भात राज्याचे नियम अंतिम झाल्यानंतर कामगार विभागामार्फत यापूर्वी पुरविण्यात येणाऱ्या काही सेवांमध्ये कामगार संहिताप्रमाणे सुधारणा कराव्या लागणार आहेत. तसेच विद्यमान सेवांचे एकत्रीकरण करून काही नवीन सेवा तयार करणे आवश्यक असून त्यानुसारच या सेवा देणे बंधनकारक आहे.

५. मुख्यमंत्री सचिवालयाने शासकीय प्रक्रिया पुनर्रचने (GPR) अंतर्गत Simplicity, Digital-first, Accountability व Transparency या तत्वानुसार शासनाद्वारे पुरविण्यात येणाऱ्या विविध सेवा तसेच योजना यांचे सुसूत्रिकरणाबाबत मार्गदर्शक सूचना दि.१५/०९/२०२५ व दि.१६/०६/२०२६ रोजीच्या पत्रान्वये निर्गमित करण्यात आल्या आहेत. तसेच त्याचे वर्गिकरण खालीलप्रमाणे करण्यात आले आहे.

Category	**Platform**
G2B Services	MAITRI 2.0
G2C Services	Aaple Sarkar 2.0
DBT Schemes	MahaDBT 2.0

कामगार विभागामार्फत पुरविण्यात येणाऱ्या विविध सेवा तसेच योजना यांचे सुसूत्रिकरण करण्याच्या अनुषंगाने क्षेत्रिय कार्यालयनिहाय गठीत समित्यांनी शासनास सादर केलेल्या अहवालानुसार तयार करण्यात आलेल्या GPR प्रस्तावाचे मुख्यमंत्री सचिवालयास सादरीकरण करण्यात आले. त्यास मुख्यमंत्री सचिवालयाने तत्वत: सहमती दर्शविली आहे. याशिवाय कामगार विभागाने तयार केलेल्या GPR प्रस्तावाचे मा.मुख्य आयुक्त, महाराष्ट्र राज्य सेवा हक्क आयोग, मुंबई यांचेकडे दि.२४/०७/२०२६ रोजी सादरीकरण केले असता, त्यांनी तत्वत: सहमती दिलेली आहे.

६. तद्नंतर लोकाभिमुख सेवा व योजनांसाठी शासकीय प्रक्रिया पुनर्रचना (GPR) मंजुरी व जलद अंमलबजावणीसाठी संस्थात्मक कार्यपध्दती निश्चित करण्यातबाबतचा शासन निर्णय नियोजन विभागाने दि.०३/०८/२०२६ रोजी निर्गमित केला. सदर शासन निर्णयामध्ये योजना व सेवा सुलभीकरणाकरिता खालील ५ प्रमुख घटकांमध्ये सुधारणा करण्याबाबत सूचित केले आहे:-

(१) कार्यालयातील फेऱ्या कमी करणे. (२) अर्जातील रकाने कमी करणे (३) कागदपत्रांची संख्या कमी करणे (४) मंजूरीचे स्तर कमी करणे (५) सेवा मंजूरीचा कालावधी कमी करणे.

तसेच राज्यातील प्राप्त झालेल्या शासकीय प्रक्रिया पुनर्रचना (GPR) प्रस्तावांची पडताळणी करणे, आढावा घेणे आणि त्यांना अंतिम मान्यता देण्यासाठी मा.मुख्य सचिव यांच्या अध्यक्षतेखाली राज्यस्तरिय शासकीय प्रक्रिया पुर्नरचना मान्यता समिती गठीत करण्यात आली असून विभागांनी सदर समितीची मान्यता घेणे आवश्यक असल्याचे निर्देशित केले आहे.

७. नियोजन विभागाने जाहिर केलेल्या कार्यपध्दतीनुसार कामगार विभागामार्फत पुरविण्यात येणाऱ्या विविध सेवा तसेच योजना यांचे सुसूत्रिकरण करण्याच्या अनुषंगाने तयार करण्यात आलेल्या GPR प्रस्ताव मा.मुख्य सचिव यांच्या अध्यक्षतेखाली राज्यस्तरिय शासकीय प्रक्रिया पुर्नरचना मान्यता समितीसमोर मान्यतेसाठी सादर करण्यात करण्यात आला. मा.मुख्य सचिव यांच्या अध्यक्षतेखाली राज्यस्तरिय शासकीय प्रक्रिया पुर्नरचना मान्यता समितीने कामगार विभागामार्फत पुरविण्यात येणाऱ्या एकूण-२९ सेवा व १८ योजना यांचे सुसूत्रिकरणास दिलेल्या मान्यतेनुसार, कामगार विभागाच्या अधिपत्याखालील क्षेत्रिय कार्यालयामार्फत यापूर्वी पुरविण्यात येणा-या सेवांबाबतचा संदर्भ क्र. ३ वरील दिनांक ०९/०७/२०२५ रोजीचा शासन निर्णय अधिक्रमीत करण्यात येवून कामगार विभागाच्या एकूण-२९ सेवा (G२B व G२C) व १८ योजना यांचे सुसूत्रिकरण करण्याचा प्रस्ताव शासनाच्या विचाराधीन होता. त्या अनुषंगाने शासनाने खालील प्रमाणे निर्णय घेतला आहे.

<u>शासन निर्णय :-</u>

मा.मुख्य सचिव यांच्या अध्यक्षतेखाली राज्यस्तरिय शासकीय प्रक्रिया पुर्नरचना समितीच्या दिनांक २७/१०/२०२६ रोजीच्या बैठकीमध्ये कामगार विभागाच्या GPR प्रस्तावातील कामगार विभागाच्या एकूण-२९ सेवा (G२B व G२C Services) व १८ योजनांना GPR अंतिम करण्यास सहमती प्रदान करण्यात आली आहे. त्यामधे अधिसूचित करावयाच्या सेवांसाठी लागणाऱ्या घटकांची संख्या कमी करण्यात आली आहे. तसेच नागरिकांसाठी प्रक्रियेचे सुलभीकरण करुन व त्यासाठी आवश्यक असलेले अर्ज, आवश्यक कागदपत्रे, मंजुरीचे स्तर, अंतिम सेवेच्या मान्यतेचे दाखले/ प्रमाणपत्र यात अनुषांगिक बदल करण्यात आले आहेत. या GPR प्रक्रीयेस या शासन निर्णयाद्वारे मान्यता देण्यात येत आहे.

२. कामगार विभागाच्या GPR अंतर्गत मान्यता देण्यात आलेल्या सेवा व योजनांच्या प्रकारानुसार खालीलप्रमाणे वर्गीकरण (तपशील शासन निर्णयासोबतच्या परिशिष्टांमध्ये नमूद करण्यात आला आहे) करण्यात येत आहेत :-

Category and Platform	**No. of services**	**Main Annexure**	**Sub Annexure**	**Annexure Details**
G2B Services via MAITRI 2.0	27	Annexure-A	Annexure-A 1	GPR Summary
			Annexure-A 2	Approval Desk
			Annexure-A 3	Required Documents
			Annexure-A 4	Forms (1 to 27)
G2C Services via Aaple Sarkar 2.0	2	Annexure-B	Annexure-B 1	GPR Summary
			Annexure-B 2	Approval Desk

Category and Platform	No. of services	Main Annexure	Sub Annexure	Annexure Details
			Annexure-B 3	Required Documents
			Annexure-B 4	Forms (1 & 2)
DBT Schemes via MahaDBT 2.0	18	Annexure-C	Annexure-C 1	GPR Summary
			Annexure-C 2	Approval Desk
			Annexure-C 3	Required Documents
			Annexure-C 4	Forms (1 to 18)

३. कामगार विभागाच्या अधिपत्याखालील सुरक्षा रक्षक/माथाडी मंडळाच्या कायदे व नियमांमध्ये सुधारणा करणे आणि कार्यपध्दती (SOP) निश्चित करण्याची कार्यवाही सुरु आहे. उपरोक्त नियम व कार्यपध्दती अंतिम झाल्यानंतर माथाडी मंडळ व सुरक्षा रक्षक मंडळाच्या सेवा सुसूत्रिकरणासंदर्भातील GPR प्रस्ताव मा.मुख्य सचिव यांच्या अध्यक्षतेखाली राज्यस्तरिय शासकीय प्रक्रिया पुर्नरचना समितीच्या मान्यतेस्तव सादर करण्याची कार्यवाही स्वतंत्ररित्या करण्यात येईल.

४. कामगार विभागाच्या अधिपत्याखालील क्षेत्रिय कार्यालयामार्फत (आयुक्तालये, संचालनालये, मंडळे) पुरविण्यात येणाऱ्या वरील तक्त्यातील एकूण-२९ सेवा महाराष्ट्र लोकसेवा हक्क अधिनियम-२०१५ च्या कार्यकक्षेत आणण्यात येत आहे. तसेच उक्त सेवा अधिसूचित करण्याच्या अनुषंगाने अधिसूचना निर्गमित करण्याबाबतची कार्यवाही स्वतंत्ररित्या करण्यात येत आहे.

५. संबंधित क्षेत्रिय कार्यालयांनी त्यांच्यामार्फत पुरविण्यात येणाऱ्या लोकसेवांची सूची, नियत कालमर्यादा, अर्जाचा विहीत नमूना, फी, पदनिर्देशित अधिकारी, प्रथम व द्वितीय अपिलीय अधिकारी यांचा तपशिल कार्यालयाच्या सूचना फलकावर तसेच त्यांच्या संकेतस्थळावर आणि पोर्टलवर प्रदर्शित करावा. तसेच विभागामार्फत राबविण्यात येणा-या एकूण-१८ योजनांसंदर्भात अर्ज सादरीकरण, पात्रता निकष व अन्य कार्यवाहीबाबत पोर्टलद्वारे व विविध माध्यमातून प्रचार व प्रसिद्धी देण्यात यावी.

६. सोबतच्या "परिशिष्टांमध्ये" लोकसेवा पुरविण्यासाठी विहित केलेली कालमर्यादा नमूद करण्यात आली आहे. सदर नियत कालमर्यादा ही शासकीय सुट्टीचे दिवस वगळून विहित करण्यात येत आहे. तसेच प्रत्येक टप्प्यावर अर्ज हाताळणी चा कालावधी, अर्जातील त्रुटी अर्जदारास कळविणे, अर्ज मंजूर करणे व GPR प्रमाणे इतर अनुषंगिक बाबीबाबत सविस्तर प्रमाणित कार्यपद्धती (Standard Operating Procedure - SOP) स्वतंत्ररित्या प्रसिध्द करण्यात येईल व त्याप्रमाणे अनुषंगिक बदल संबंधित पोर्टलवर करण्यात येईल.

७. राज्यस्तरिय शासकीय प्रक्रिया पुर्नरचना समितीने दिलेल्या मान्यतेनुसार कामगार विभागाच्या GPR अंतर्गत मान्यता देण्यात आलेल्या सेवा व योजनांकरिता या शासन निर्णयान्वये निश्चित करण्यात आलेली कागदपत्रे, कालमर्यादा, मंजूरीचे स्तर, घटकांची संख्या व इतर अनुषंगिक बाबींमध्ये कोणतेही बदल करावयाचे झाल्यास मा.मुख्य सचिव यांच्या अध्यक्षतेखाली राज्यस्तरिय शासकीय प्रक्रिया पुर्नरचना समितीची पुर्वमान्यता घेणे बंधनकारक राहील.

८. सदर शासन निर्णय महाराष्ट्र शासनाच्या www.maharashtra.gov.in या संकेतस्थळावर उपलब्ध करण्यात आला असून त्याचा सांकेतांक २०२६१११७१३०६४०२५५४ असा आहे. हा आदेश डिजीटल स्वाक्षरीने साक्षांकित करुन काढण्यात येत आहे.

महाराष्ट्राचे राज्यपाल यांच्या आदेशानुसार व नावाने.

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प्रत –:

१. मा. राज्यपाल यांचे प्रधान सचिव
२. मा. मुख्यमंत्री यांचे प्रधान सचिव
३. मा. मंत्री (कामगार) यांचे खाजगी सचिव
४. मा. राज्यमंत्री (कामगार) यांचे खाजगी सचिव
५. मा. मुख्य सचिव, महाराष्ट्र राज्य, मंत्रालय, मुंबई.
६. अपर मुख्य सचिव/प्रधान सचिव/सचिव, सर्व मंत्रालयीन विभाग, मंत्रालय, मुंबई.
७. राज्य मुख्य सेवा हक्क आयुक्त, नवीन प्रशासकीय इमारत, मंत्रालयासमोर, मादाम कामा रोड, मुंबई.
८. कामगार आयुक्त, कामगार भवन, भूखंड क्र.सी-२०, ब्लॉक-इ, बांद्रा कुर्ला संकुल, बांद्रा (पूर्व), मुंबई.
९. संचालक, व्यावसायिक सुरक्षा व आरोग्य संचालनालय, वांद्रे (पूर्व), मुंबई.
१०. संचालक, बाष्पके संचालनालय, वांद्रे (पूर्व), मुंबई.
११. कल्याण आयुक्त, महाराष्ट्र कामगार कल्याण मंडळ, प्रभादेवी, मुंबई.
१२. सचिव तथा मुख्य कार्यकारी अधिकारी, महाराष्ट्र इमारत व इतर बांधकाम कामगार कल्याणकारी मंडळ, मुंबई
१३. सर्व प्रादेशिक कार्यालये, कामगार आयुक्तालय / औद्योगिक सुरक्षा व आरोग्य संचालनालय/ बाष्पके संचालनालय, महाराष्ट्र राज्य.
१४. अध्यक्ष तथा विकास आयुक्त, मैत्री कक्ष, मुंबई.
१५. सर्व उपसचिव/ अवर सचिव/ कक्ष अधिकारी, कामगार विभाग, मंत्रालय, मुंबई.
१६. निवडनस्ती:कामगार-९.

Annexure A: G2B Services

Sr. No.	Details of Public Services	Office	Sub Service (In Nos.)	Subservices Included	Time Limit Prescribed in Days	Designated Officer for Providing Service	1st Appellate Officer	2nd Appellate Officer
1	Registration of Establishment under Occupational Safety, Health and Working Conditions Code, 2020 (Other than Factory and other ports)	Labour Commissionerate	1	Registration of Shops and Commercial Establishments under OSH Code 2020	07 Days	Assistant Commissioner of Labour	Divisional Additional Labour Commissioner / Deputy Labour Commissioner	Labour Commissioner
			2	Registration of Establishment (Contract Labour) under OSH Code 2020	07 Days	Assistant Commissioner of Labour	Divisional Additional Labour Commissioner / Deputy Labour Commissioner	Labour Commissioner
			3	Registration of Establishment (Building and Other Construction Works) under OSH Code 2020	07 Days	Assistant Commissioner of Labour	Divisional Additional Labour Commissioner / Deputy Labour Commissioner	Labour Commissioner
			4	Registration of Establishment (Motor Transport Undertaking) under OSH Code 2020	07 Days	Assistant Commissioner of Labour	Divisional Additional Labour Commissioner / Deputy Labour Commissioner	Labour Commissioner
			5	Registration of Establishment (Interstate Migrant Workmen) under OSH Code 2020	07 Days	Assistant Commissioner of Labour	Divisional Additional Labour Commissioner / Deputy Labour Commissioner	Labour Commissioner
			6	Registration of Establishment (Plantation) under OSH Code 2020	07 Days	Assistant Commissioner of Labour	Divisional Additional Labour Commissioner / Deputy Labour Commissioner	Labour Commissioner

Sr. No.	Details of Public Services	Office	Sub Service (In Nos.)	Subservices Included	Time Limit Prescribed in Days	Designated Officer for Providing Service	1st Appellate Officer	2nd Appellate Officer
2	Amendment in registration of Establishment under Occupational Safety, Health and Working Conditions Code, 2020 (Other than Factory and other ports)	Labour Commissionerate	7	Amendment of Registration of Shops and Commercial Establishments under OSH Code 2020	07 Days	Assistant Commissioner of Labour	Divisional Additional Labour Commissioner / Deputy Labour Commissioner	Labour Commissioner
			8	Amendment of Registration of Establishment (Contract Labour) under OSH Code 2020	07 Days	Assistant Commissioner of Labour	Divisional Additional Labour Commissioner / Deputy Labour Commissioner	Labour Commissioner
			9	Amendment of Registration of Establishment (Building and Other Construction Works) under OSH Code 2020	07 Days	Assistant Commissioner of Labour	Divisional Additional Labour Commissioner / Deputy Labour Commissioner	Labour Commissioner
			10	Amendment of Registration of Establishment (Motor Transport Undertaking) under OSH Code 2020	07 Days	Assistant Commissioner of Labour	Divisional Additional Labour Commissioner / Deputy Labour Commissioner	Labour Commissioner
			11	Amendment of Registration of Establishment (Interstate Migrant Workmen) under OSH Code 2020	07 Days	Assistant Commissioner of Labour	Divisional Additional Labour Commissioner / Deputy Labour Commissioner	Labour Commissioner
			12	Amendment of Registration of Establishment (Plantation) under OSH Code 2020	07 Days	Assistant Commissioner of Labour	Divisional Additional Labour Commissioner / Deputy Labour Commissioner	Labour Commissioner

Sr. No.	Details of Public Services	Office	Sub Service (In Nos.)	Subservices Included	Time Limit Prescribed in Days	Designated Officer for Providing Service	1st Appellate Officer	2nd Appellate Officer
3	Cancellation of Registration Certificate of Establishment under Occupational Safety, Health and Working Conditions Code, 2020 (Other than Factory and other ports)	Labour Commissionerate	13	Cancellation of Registration of Shops and Commercial Establishments under OSH Code 2020	60 Days	Assistant Commissioner of Labour	Divisional Additional Labour Commissioner / Deputy Labour Commissioner	Labour Commissioner
			14	Cancellation of Registration of Establishment (Contract Labour) under OSH Code 2020	60 Days	Assistant Commissioner of Labour	Divisional Additional Labour Commissioner / Deputy Labour Commissioner	Labour Commissioner
			15	Cancellation of Registration of Establishment (Building and Other Construction Works) under OSH Code 2020	60 Days	Assistant Commissioner of Labour	Divisional Additional Labour Commissioner / Deputy Labour Commissioner	Labour Commissioner
			16	Cancellation of Registration of Establishment (Motor Transport) under OSH Code 2020	60 Days	Assistant Commissioner of Labour	Divisional Additional Labour Commissioner / Deputy Labour Commissioner	Labour Commissioner
			17	Cancellation of Registration of Establishment (Interstate Migrant Workmen) under OSH Code 2020	60 Days	Assistant Commissioner of Labour	Divisional Additional Labour Commissioner / Deputy Labour Commissioner	Labour Commissioner
			18	Cancellation of Registration of Establishment (Plantation) under OSH Code 2020	60 Days	Assistant Commissioner of Labour	Divisional Additional Labour Commissioner / Deputy Labour Commissioner	Labour Commissioner

Sr. No.	Details of Public Services	Office	Sub Service (In Nos.)	Subservices Included	Time Limit Prescribed in Days	Designated Officer for Providing Service	1st Appellate Officer	2nd Appellate Officer
4	Licence of Contractor (contract labour) and Industrial Premises (Beedi Cigar worker) under Occupational Safety, Health and Working Conditions Code, 2020	Labour Commissionerate	19	Grant of Licence for Contractor (Contract Labour) under OSH Code 2020	45 Days	Assistant Commissioner of Labour	Divisional Additional Labour Commissioner / Deputy Labour Commissioner	Labour Commissioner
			20	Grant of Licence for Industrial Premises (Beedi and Cigar Works) under OSH Code 2020	45 Days	Assistant Commissioner of Labour	Divisional Additional Labour Commissioner / Deputy Labour Commissioner	Labour Commissioner
5	Renewal of Licence of Contractor (contract labour) and Industrial Premises (Beedi Cigar worker) under Occupational Safety, Health and Working Conditions Code, 2020	Labour Commissionerate	21	Renewal of Licence for Contractor (Contract Labour) under OSH Code 2020	07 Days	Assistant Commissioner of Labour	Divisional Additional Labour Commissioner / Deputy Labour Commissioner	Labour Commissioner
			22	Renewal of Licence for Industrial Premises (Beedi and Cigar Works) under OSH Code 2020	07 Days	Assistant Commissioner of Labour	Divisional Additional Labour Commissioner / Deputy Labour Commissioner	Labour Commissioner
6	Amendment in Licence of Contractor (contract labour) and Industrial Premises (Beedi Cigar worker) under Occupational Safety, Health and Working Conditions Code, 2020	Labour Commissionerate	23	Amendment of Licence for Contractor (Contract Labour) under OSH Code 2020	07 Days	Assistant Commissioner of Labour	Divisional Additional Labour Commissioner / Deputy Labour Commissioner	Labour Commissioner
			24	Amendment of Licence for Industrial Premises (Beedi and Cigar Works) under OSH Code 2020	07 Days	Assistant Commissioner of Labour	Divisional Additional Labour Commissioner / Deputy Labour Commissioner	Labour Commissioner

Sr. No.	Details of Public Services	Office	Sub Service (In Nos.)	Subservices Included	Time Limit Prescribed in Days	Designated Officer for Providing Service	1st Appellate Officer	2nd Appellate Officer
7	Registration of Establishment (factory and other ports) under Occupational Safety, Health and Working Conditions Code, 2020	Directorate of Occupational Safety and Health	25	Registration of Establishment (Factory) under Occupational Safety, Health and Working Conditions Code, 2020	07 Days	Joint Director / Additional Director, Directorate of Occupational Safety and Health	Director, Directorate of Occupational Safety and Health	Joint Secretary, Deputy Secretary, Labour Department
			26	Registration of Establishment (other port) under Occupational Safety, Health and Working Conditions Code, 2020				
8	Amendment of registration of factory and other ports under Occupational Safety, Health and Working Conditions Code, 2020	Directorate of Occupational Safety and Health	27	Amendment of Establishment (Factory) under Occupational Safety, Health and Working Conditions Code, 2020	07 Days	Joint Director / Additional Director, Directorate of Occupational Safety and Health	Director, Directorate of Occupational Safety and Health, Mumbai	Joint Secretary, Deputy Secretary, Labour Department
			28	Amendment of Establishment (other port) under Occupational Safety, Health and Working Conditions Code, 2020				
9	Cancellation of Registration of factory and other ports under Occupational Safety, Health and Working Conditions Code, 2020	Directorate of Occupational Safety and Health	29	Cancellation of Establishment (Factory) under Occupational Safety, Health and Working Conditions Code, 2020	60 Days	Joint Director / Additional Director, Directorate of Occupational Safety and Health	Director, Directorate of Occupational Safety and Health	Joint Secretary, Deputy Secretary, Labour Department
			30	Cancellation of Establishment (other port) under Occupational Safety, Health and Working Conditions Code, 2020				
10	Grant of licence for factory under Occupational Safety, Health and Working Conditions Code, 2020	Directorate of Occupational Safety and Health	31	No Sub Service	45 Days	Director, Directorate of Occupational Safety and Health, Mumbai	Joint Secretary/ Deputy Secretary, Labour Department, Government of Maharashtra	Secretary/ Principal Secretary/Additional Chief Secretary Labour Department, Government of Maharashtra

Sr. No.	Details of Public Services	Office	Sub Service (In Nos.)	Subservices Included	Time Limit Prescribed in Days	Designated Officer for Providing Service	1st Appellate Officer	2nd Appellate Officer
11	Renewal of licence for factory under Occupational Safety, Health and Working Conditions Code, 2020	Directorate of Occupational Safety and Health	32	No Sub Service	21 Days	Joint Director / Additional Director, Directorate of Occupational Safety and Health, Mumbai	Director, Directorate of Occupational Safety and Health, Mumbai	Joint Secretary, Deputy Secretary, Labour Department
12	Amendment of licence for factory under Occupational Safety, Health and Working Conditions Code, 2020	Directorate of Occupational Safety and Health	33	No Sub Service	07 Days	Joint Director / Additional Director, Directorate of Occupational Safety and Health, Mumbai	Director, Directorate of Occupational Safety and Health, Mumbai	Joint Secretary, Deputy Secretary, Labour Department
13	Approval of plan (Factory) under Occupational Safety, Health and Working Conditions Code, 2020	Directorate of Occupational Safety and Health	34	No Sub Service	30 Days	Joint Director / Additional Director, Directorate of Occupational Safety and Health, Mumbai	Director, Directorate of Occupational Safety and Health, Mumbai	Joint Secretary, Deputy Secretary, Labour Department
14	Grant of Common Licence For Factory, Contractor (Contract Labour) and Industrial Premises (Beedi Cigar Workers) under Occupational Safety, Health and Working Conditions Code, 2020	Directorate of Occupational Safety and Health	35	No Sub Service Workflow of sub-services 19, 20 and 28 will be merged for this common service	45 Days	Director, Directorate of Occupational Safety and Health, Mumbai	Joint Secretary/ Deputy Secretary, Labour Department, Government of Maharashtra	Secretary/ Principal Secretary/Additional Chief Secretary Labour Department, Government of Maharashtra
15	Renewal of Common Licence For Factory, Contractor (Contract Labour) and Industrial Premises (Beedi Cigar Workers) under Occupational Safety, Health and Working Conditions Code, 2020	Directorate of Occupational Safety and Health	36	No Sub Service Workflow of sub-services 21, 22 and 29 will be merged for this common service	21 Days	Director, Directorate of Occupational Safety and Health, Mumbai	Joint Secretary/ Deputy Secretary, Labour Department, Government of Maharashtra	Secretary/ Principal Secretary/Additional Chief Secretary Labour Department, Government of Maharashtra

Sr. No.	Details of Public Services	Office	Sub Service (In Nos.)	Subservices Included	Time Limit Prescribed in Days	Designated Officer for Providing Service	1st Appellate Officer	2nd Appellate Officer
16	Amendment in Common Licence For Factory, Contractor (Contract Labour) and Industrial Premises (Beedi Cigar Workers) under Occupational Safety, Health and Working Conditions Code, 2020	Directorate of Occupational Safety and Health	37	No Sub Service Workflow of sub-services 23, 24 and 30 will be merged for this common service	07 Days	Director, Directorate of Occupational Safety and Health, Mumbai	Joint Secretary/ Deputy Secretary, Labour Department, Government of Maharashtra	Secretary/ Principal Secretary/Additional Chief Secretary Labour Department, Government of Maharashtra
17	Registration of Boilers & Economisers	Directorate of Steam Boilers	38	No Sub Service	15 Days	Authorised competent Inspecting Officers of concerned Regional Office	Director, Directorate of Steam Boilers, Mumbai	Joint Secretary, Deputy Secretary, Labour Department
18	Renewal of Certificate for Boilers & Economisers	Directorate of Steam Boilers	39	No Sub Service	14 Days	Authorised competent Inspecting Officers of concerned Regional Office	Director, Directorate of Steam Boilers, Mumbai	Joint Secretary, Deputy Secretary, Labour Department
19	Approval as Boiler & Boiler component Manufacturer, Repairer, Pipe Fabricator, Erector, etc.	Directorate of Steam Boilers	40	No Sub Service	23 Days	Authorised competent Inspecting Officers of concerned Regional Office	Director, Directorate of Steam Boilers, Mumbai	Joint Secretary, Deputy Secretary, Labour Department
20	Renewal of approval as Boiler & Boiler component Manufacturer, Repairer, Pipe Fabricator, Erector, etc.	Directorate of Steam Boilers	41	No Sub Service	23 Days	Authorised competent Inspecting Officers of concerned Regional Office	Director, Directorate of Steam Boilers, Mumbai	Joint Secretary, Deputy Secretary, Labour Department
21	Scraping of Boilers/Economisers	Directorate of Steam Boilers	42	No Sub Service	18 Days	Technical Officer, Steam Boilers, Mumbai	Joint Director, Directorate of Steam Boilers, Mumbai	Director, Directorate of Steam Boilers, Mumbai
22	Permission of Boiler/ Economisers Repairing	Directorate of Steam Boilers	43	No Sub Service	02 Days	Deputy Director / Technical Officer, Steam Boilers, Mumbai and Pune	Joint Director, Directorate of Steam Boilers, Mumbai	Director, Directorate of Steam Boilers, Mumbai

Sr. No.	Details of Public Services	Office	Sub Service (In Nos.)	Subservices Included	Time Limit Prescribed in Days	Designated Officer for Providing Service	1st Appellate Officer	2nd Appellate Officer
23	Approval of Design and Manufacturing Drawings for Boiler and Boiler components 1. Made in India 2. Made outside India	Directorate of Steam Boilers	44	No Sub Service	5 days - up to 20 TPH Capacity 15 days Above 20 TPH & up to 100 TPH 21 days above 100 TPH & Outside India	Technical Officer, Steam Boilers, Mumbai	Joint Director, Directorate of Steam Boilers, Mumbai	Director, Directorate of Steam Boilers, Mumbai
24	Issue of Certificate for Manufacture and test a) Boiler Component b) Boiler	Directorate of Steam Boilers	45	No Sub Service	Boiler Component: 03 Days Boiler: 07 Days	Technical Officer, Steam Boilers, Mumbai	Joint Director, Directorate of Steam Boilers, Mumbai	Director, Directorate of Steam Boilers, Mumbai
25	Calibration of UTM and Impact Testing Machine	Directorate of Steam Boilers	46	No Sub Service	13 Days	Deputy Director / Technical Officer, Steam Boilers, Mumbai	Joint Director, Directorate of Steam Boilers, Mumbai	Director, Directorate of Steam Boilers, Mumbai
26	Transfer of Ownership	Directorate of Steam Boilers	47	No Sub Service	07 Days	Technical Officer, Steam Boilers, Mumbai	Joint Director, Directorate of Steam Boilers, Mumbai	Director, Directorate of Steam Boilers, Mumbai
27	Registration and cancellation of Registration of Establishments under Maharashtra Labour Welfare Fund Act, 1953	Maharashtra Labour Welfare Board	48	Registration of Establishments under Maharashtra Labour Welfare Fund Act, 1953	07 Days	Assistant Welfare Commissioner (Fund)	Deputy Welfare Commissioner (Account & Audit)	Welfare Commissioner
			49	Cancellation of Registration of Establishments under Maharashtra Labour Welfare Fund Act, 1953	07 Days	Assistant Welfare Commissioner (Fund)	Deputy Welfare Commissioner (Account & Audit)	Welfare Commissioner

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Annexure A1: GPR Summary (G2B Services)

Sr No	Service Name	Number of Fields		Number of Autofetch Fields		Number of Documents		Number of Autofetch Documents		Approval Desks		Timeline	
		Pre GPR	Post GPR	Pre GPR	Post GPR	Pre GPR	Post GPR	Pre GPR	Post GPR	Pre GPR	Post GPR	Pre GPR	Post GPR
1	Registration of Establishment under Occupational Safety, Health and Working Conditions Code, 2020 (Other than Factory and other ports)	205	82	28	20	33	4	0	2	1	1	Upto 15 Days	Upto 7 Days
2	Amendment in registration certificate of establishment under Occupational Safety, Health and Working Conditions Code, 2020 (Other than Factory and other ports)	167	84	27	77	37	3	0	1	1	1	Upto 15 Days	Upto 7 Days
3	Cancellation of Registration certificate of Establishment under Occupational Safety, Health and Working Conditions Code, 2020 (Other than Factory and other ports)	NA	15	NA	12	NA	1	NA	1	NA	1	-	Upto 60 Days
4	Licence of Contractor (contract labour) and Industrial Premises (Beedi Cigar work) under Occupational Safety, Health and Working Conditions Code, 2020	96	68	16	26	13	4	0	0	1	1	Upto 15 Days	Upto 45 Days
5	Renewal of Licence of Contractor (contract labour) and Industrial Premises (Beedi Cigar work) under Occupational Safety, Health and Working Conditions Code, 2020	102	71	16	66	15	5	0	1	1	1	Upto 15 Days	Upto 7 Days
6	Amendment in Licence of Contractor (contract labour) and Industrial Premises (Beedi Cigar work) under Occupational Safety, Health and Working Conditions Code, 2020	102	71	16	66	14	5	0	1	1	1	Upto 15 Days	Upto 7 Days
7	Registration of Establishment (factory and other ports) under Occupational Safety, Health and Working Conditions Code, 2020	NA	53	NA	20	NA	5	NA	1	NA	1	NA	Upto 7 Days
8	Amendment of registration of factory and other ports under Occupational Safety, Health and Working Conditions Code, 2020	NA	55	NA	50	NA	1	NA	1	NA	1	NA	Upto 7 Days

Sr No	Service Name	Number of Fields		Number of Autofetch Fields		Number of Documents		Number of Autofetch Documents		Approval Desks		Timeline	
		Pre GPR	Post GPR	Pre GPR	Post GPR	Pre GPR	Post GPR	Pre GPR	Post GPR	Pre GPR	Post GPR	Pre GPR	Post GPR
9	Cancellation of Registration of factory and other ports under Occupational Safety, Health and Working Conditions Code, 2020	NA	15	NA	12	NA	1	NA	1	NA	2	NA	Upto 60 Days
10	Grant of licence for factory under Occupational Safety, Health and Working Conditions Code, 2020	210	60	0	55	70	11	0	4	3	3	30	Upto 45 Days
11	Renewal of licence for factory Under Occupational Safety, Health and Working Conditions Code, 2020	210	61	0	54	66	7	0	4	2	2	30	Upto 21 Days
12	Amendment of licence for factory under Occupational Safety, Health and Working Conditions Code, 2020	210	63	0	58	44	15	0	8	2	2	30	Upto 7 Days
13	Approval of plan (Factory) under Occupational Safety, Health and Working Conditions Code, 2020	221	51	0	47	14	7	0	5	3	2	30	Upto 30 Days
14	Grant of Common Licence For Factory, Contractor (Contract Labour) and Industrial Premises (Beedi Cigar Work) under Occupational Safety, Health and Working Conditions Code, 2020	NA	98	NA	50	NA	15	NA	4	NA	3	NA	Upto 45 Days
15	Renewal of Common Licence For Factory, Contractor (Contract Labour) and Industrial Premises (Beedi Cigar Work) under Occupational Safety, Health and Working Conditions Code, 2020	NA	96	NA	89	NA	12	NA	5	NA	3	NA	Upto 30 Days
16	Amendment in Common Licence For Factory, Contractor (Contract Labour) and Industrial Premises (Beedi Cigar Work) under Occupational Safety, Health and Working Conditions Code, 2020	NA	96	NA	89	NA	15	NA	8	NA	3	NA	Upto 7 Days
17	Registration of Boilers & Economisers	75	48	0	21	5	6	0	0	4	3	30 Days	15 Days
18	Renewal of Certificate for Boilers & Economisers	30	24	10	15	3	0	0	0	3	3	17 Days	14 Days

Sr No	Service Name	Number of Fields		Number of Autofetch Fields		Number of Documents		Number of Autofetch Documents		Approval Desks		Timeline	
		Pre GPR	Post GPR	Pre GPR	Post GPR	Pre GPR	Post GPR	Pre GPR	Post GPR	Pre GPR	Post GPR	Pre GPR	Post GPR
19	Approval as Boiler & Boiler component Manufacturer, Repairer, Pipe Fabricator, Erector etc.	103	45	1	11	20	8	0	3	4	3	23 Days	23 Days
20	Renewal of Approval as Boiler & Boiler component Manufacturer, Repairer, Pipe Fabricator, Erector etc.	102	47	2	41	20	6	0	3	4	3	23 Days	23 Days
21	Scrapping of Boilers/Economisers	22	33	11	20	2	0	0	0	4	3	23 Days	18 Days
22	Permission of Boiler/ Economisers Repairing	16	31	0	19	5	2	0	0	2	2	02 Days	02 Days
23	Approval of Design and Manufacturing Drawings for Boiler and Boiler components 1. Made in India 2. Made outside India	0	24	0	4	5	2	0	3	4	3	1. 5 days up to 20 TPH Capacity. 2. 15 days Above 20 TPH & up to 100 TPH 3. 21 days above 100 TPH & Outside India.	1. 5 days up to 20 TPH Capacity. 2. 15 days Above 20 TPH & up to 100 TPH 3. 21 days above 100 TPH & 4. 21 days Outside India.
24	Issue of Certificate for Manufacture and Test a. Boiler Components b. Boiler	0	30	0	12	11	7	0	0	5	2	3 days for boiler components. 7 days for boiler.	3 days for boiler components. 7 days for boiler.
25	Calibration of UTM and Impact Testing Machine	22	29	0	9	2	1	0	0	4	3	17 Days	13 Days
26	Transfer of Ownership	60	29	0	14	6	2	0	1	2	2	07 Days	07 Days
27	Registration and cancellation of Registration of Establishments under Maharashtra Labour Welfare Fund Act, 1953.	56	24	0	11	6	2	0	0	2	1	30 Days	07 Days
		21	13	0	4	7	1	0	0	2	1	30 Days	07 Days

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Annexure A2: Approval Desks (G2B Services)

Sr. No.	Name of Service	Type of Service	Prescribed Service Delivery Timeline	Number of Desks	Desk-1	Responsibilities of Desk-1	Desk-2	Responsibilities of Desk-2	Desk-3	Responsibilities of Desk-3
1	Registration of Establishment under Occupational Safety, Health and Working Conditions Code, 2020 (Other than Factory and other ports)	G2B	Upto 7 Days	1	Assistant Commissioner of Labour	Scrutiny and Verification, of supporting documents and payment of the prescribed registration fee and communicate to applicant for compliance. Conduct final verification of the application and supporting records, Approval/ Rejection of registration upon satisfactory compliance with all requirements.	-	-	-	-
2	Amendment in registration certificate of establishment under Occupational Safety, Health and Working Conditions Code, 2020 (Other than Factory and other ports)	G2B	Upto 7 Days	1	Assistant Commissioner of Labour	Scrutiny and Verification, of supporting documents and payment of the prescribed registration fee and communicate to applicant for compliance. Conduct final verification of the application and supporting records, Approval/ Rejection of registration upon satisfactory compliance with all requirements.	-	-	-	-

Sr. No.	Name of Service	Type of Service	Prescribed Service Delivery Timeline	Number of Desks	Desk-1	Responsibilities of Desk-1	Desk-2	Responsibilities of Desk-2	Desk-3	Responsibilities of Desk-3
3	Cancellation of Registration certificate of Establishment under Occupational Safety, Health and Working Conditions Code, 2020 (Other than Factory and other ports)	G2B	Upto 60 Days	1	Assistant Commissioner of Labour	Scrutiny and Verification, of supporting documents and payment of the prescribed registration fee and communicate to applicant for compliance. Conduct final verification of the application and supporting records, Approval/ Rejection of registration upon satisfactory compliance with all requirements.	-	-	-	-
4	Licence of Contractor (contract labour) and Industrial Premises (Beedi Cigar work) under Occupational Safety, Health and Working Conditions Code, 2020	G2B	Upto 45 Days	1	Assistant Commissioner of Labour	Scrutiny and Verification, of supporting documents and payment of the prescribed registration fee and communicate to applicant for compliance. Conduct final verification of the application and supporting records, Approval/ Rejection of registration upon satisfactory compliance with all requirements.	-	-	-	-
5	Renewal of Licence of Contractor (contract labour) and Industrial Premises (Beedi Cigar work) under Occupational Safety, Health and	G2B	Upto 7 Days	1	Assistant Commissioner of Labour	Scrutiny and Verification, of supporting documents and payment of the prescribed registration fee and communicate to applicant for compliance. Conduct final verification	-	-	-	-

Sr. No.	Name of Service	Type of Service	Prescribed Service Delivery Timeline	Number of Desks	Desk-1	Responsibilities of Desk-1	Desk-2	Responsibilities of Desk-2	Desk-3	Responsibilities of Desk-3
	Working Conditions Code, 2020					of the application and supporting records, Approval/ Rejection of registration upon satisfactory compliance with all requirements.				
6	Amendment in Licence of Contractor (contract labour) and Industrial Premises (Beedi Cigar work) under Occupational Safety, Health and Working Conditions Code, 2020	G2B	Upto 7 Days	1	Assistant Commissioner of Labour	Scrutiny and Verification, of supporting documents and payment of the prescribed registration fee and communicate to applicant for compliance. Approval/ Rejection of registration upon satisfactory compliance with all requirements.	-	-	-	-
7	Registration of Establishment (factory and other ports) under Occupational Safety, Health and Working Conditions Code, 2020	G2B	Upto 7 Days	1	Joint Director / Additional Director	Scrutiny and Verification, of supporting documents and payment of the prescribed registration fee and communicate to applicant for compliance. Approval/ Rejection of registration upon satisfactory compliance with all requirements.			-	-

Sr. No.	Name of Service	Type of Service	Prescribed Service Delivery Timeline	Number of Desks	Desk-1	Responsibilities of Desk-1	Desk-2	Responsibilities of Desk-2	Desk-3	Responsibilities of Desk-3
8	Amendment of registration of factory and other ports under Occupational Safety, Health and Working Conditions Code, 2020	G2B	Upto 7 Days	1	Joint Director / Additional Director	Scrutiny and Verification, of supporting documents and payment of the prescribed registration fee and communicate to applicant for compliance. Approval/ Rejection of registration upon satisfactory compliance with all requirements.			-	-
9	Cancellation of Registration of factory and other ports under Occupational Safety, Health and Working Conditions Code, 2020	G2B	Upto 60 Days	2	Assistant Director / Deputy Director	Scrutiny and Verification, of supporting documents and payment of the prescribed registration fee and communicate to applicant for compliance. Recommendation to Final Approving Authority	Joint Director of Occupational Safety and Health, Mumbai	Cancellation Authority	-	-
10	Grant of licence for factory under Occupational Safety, Health and Working Conditions Code, 2020	G2B	Upto 45 Days	3	Assistant Director / Deputy Director	Physical visit for verification of site and approved building plan and confirmation of emergency exits Scrutiny and Verification, of supporting documents and payment of the prescribed registration fee and communicate to applicant for compliance. Recommendation to Next Approving Authority	Joint Director / Additional Director	Application Re-Verification, Re-Scrutinize the supporting documents submitted by the applicant, Communicate deficiencies or discrepancies (if any) to the applicant for compliance, Recommendation to Final	Director of Occupational Safety and Health, Mumbai	Approval/ Rejection of registration upon satisfactory compliance with all requirements.

Sr. No.	Name of Service	Type of Service	Prescribed Service Delivery Timeline	Number of Desks	Desk-1	Responsibilities of Desk-1	Desk-2	Responsibilities of Desk-2	Desk-3	Responsibilities of Desk-3
								Approving Authority		
11	Renewal of licence for factory Under Occupational Safety, Health and Working Conditions Code, 2020	G2B	Upto 21 Days	2	Clerk	Scrutiny and Verification, of supporting documents and payment of the prescribed registration fee and communicate to applicant for compliance. Recommendation to Final Approving Authority	Joint Director	Approval/ Rejection of registration upon satisfactory compliance with all requirements.	-	-
12	Amendment of licence for factory under Occupational Safety, Health and Working Conditions Code, 2020	G2B	Upto 7 Days	2	Clerk	Scrutiny and Verification, of supporting documents and payment of the prescribed registration fee and communicate to applicant for compliance. Recommendation to Final Approving Authority	Joint Director	Approval/ Rejection of registration upon satisfactory compliance with all requirements.	-	-
13	Approval of plan (Factory) under Occupational Safety, Health and Working Conditions Code, 2020	G2B	Upto 30 Days	2	Assistant Director / Deputy Director	Scrutiny and Verification, of supporting documents and payment of the prescribed registration fee and communicate to applicant for compliance. Recommendation to Final Approving Authority	Joint Director of Occupational Safety and Health, Mumbai	Approval/ Rejection of registration upon satisfactory compliance with all requirements.	-	-

Sr. No.	Name of Service	Type of Service	Prescribed Service Delivery Timeline	Number of Desks	Desk-1	Responsibilities of Desk-1	Desk-2	Responsibilities of Desk-2	Desk-3	Responsibilities of Desk-3
14	Grant of Common Licence For Factory, Contractor (Contract Labour) and Industrial Premises (Beedi Cigar Work) under Occupational Safety, Health and Working Conditions Code, 2020	G2B	Upto 45 Days	3	Assistant Director / Deputy Director / Assistant Commissioner of Labour	Physical visit for verification of site and approved building plan and confirmation of emergency exits Scrutiny and Verification, of supporting documents and payment of the prescribed registration fee and communicate to applicant for compliance. Recommendation to Next Approving Authority	Joint Director / Additional Director	Re-Scrutiny and Re-Verification, of supporting documents and payment of the prescribed registration fee. Recommendation to Final Approving Authority	Director of Occupational Safety and Health, Mumbai	Approval/ Rejection of registration upon satisfactory compliance with all requirements.
15	Renewal of Common Licence For Factory, Contractor (Contract Labour) and Industrial Premises (Beedi Cigar Work) under Occupational Safety, Health and Working Conditions Code, 2020	G2B	Upto 30 Days	3	Clerk	Scrutiny and Verification, of supporting documents and payment of the prescribed registration fee. Recommendation to Next Approving Authority	Joint Director / Additional Director / Assistant Commissioner of Labour	Scrutiny and rejection remarks if rejected	Director, DOSH	Approval upon satisfactory compliance with all requirements.
16	Amendment in Common Licence For Factory, Contractor (Contract Labour) and Industrial Premises (Beedi Cigar Work) under Occupational Safety, Health and Working Conditions Code, 2020	G2B	Upto 7 Days	3	Clerk	Scrutiny and Verification, of supporting documents and payment of the prescribed registration fee. Recommendation to Next Approving Authority	Joint Director / Additional Director / Assistant Commissioner of Labour	Scrutiny and rejection remarks if rejected	Director, DOSH	Approval upon satisfactory compliance with all requirements.

Sr. No.	Name of Service	Type of Service	Prescribed Service Delivery Timeline	Number of Desks	Desk-1	Responsibilities of Desk-1	Desk-2	Responsibilities of Desk-2	Desk-3	Responsibilities of Desk-3
17	Registration of Boilers & Economisers	G2B	15 Days	3	Technical Officer or Clerk/ Superintendent, Inspection branch	Verify fees, receipt and scrutiny of Maker's folder, Assign Inspecting officer, To assign registry number and forward for approval to Desk3 (Director)	Inspecting Officer	To confirm the inspection Visit, carry out the inspection if satisfactory issue registration hydraulic letter , To issue provisional order to use the boiler	Joint Director / Director	To approve action of Desk 1(INS) and if approved system auto generated erection letter issued, To approve/reject/revert action of Desk1 and Desk 2
18	Renewal of Certificate for Boilers & Economisers	G2B	14 Days	3	Clerk/ Superintendent, Inspection branch	Verify fees and assign Inspecting officer, Assign Inspecting officer	Inspecting Officer	To confirm the inspection Visit, carry out the inspection and hydraulic test and submit inspection report to issue certificate to use the boiler.	Joint Director / Director	To approve the inspection report submitted by IO as per the Act.
19	Approval as Boiler & Boiler component Manufacturer, Repairer, Pipe Fabricator, Erector	G2B	23 Days	3	Technical Officer or Clerk/ Superintendent, Inspection branch	Verify fees and document scrutiny and submit findings to the Director, Assign Inspecting officer	Inspecting Officer	To confirm the inspection Visit, carry out the Verification and submit report.	Director	Approves /Forwards to Division for verification/Revert for Clarification / Revert for Clarification from User/ reject application based on the findings submitted by the TO, if approved issue approval letter

Sr. No.	Name of Service	Type of Service	Prescribed Service Delivery Timeline	Number of Desks	Desk-1	Responsibilities of Desk-1	Desk-2	Responsibilities of Desk-2	Desk-3	Responsibilities of Desk-3
20	Renewal of Approval as Boiler & Boiler component Manufacturer, Repairer, Pipe Fabricator, Erector	G2B	23 Days	3	Technical Officer or Clerk/ Superintendent, Inspection branch	Verify fees and document scrutiny and submit findings to the Director, Assign Inspecting officer	Inspecting Officer	To confirm the inspection Visit, carry out the Verification and submit report.	Director	Approves /Forwards to Division for verification/Revert for Clarification / Revert for Clarification from User/ reject application based on the findings submitted by the TO, if approved, issue renewal of approval letter
21	Scrapping of Boilers/Economisers	G2B	18 Days	3	Technical Officer or Clerk/ Superintendent, Inspection branch	Assign Inspecting officer	Inspecting Officer	Visit the firm, witness scraping of the Boiler & Verify the record of the scrapped boiler, Submit report to JTD	Joint Director / Director	Approve the report submitted by the IO and issues letter of scrapping
22	Permission of Boiler/ Economisers Repairing	G2B	02 Days	2	Technical Officer or Dy. Director	Scrutiny and put up for approval.	Joint Director / Director	To approve action of Desk 1(IO/TO)	-	-

Sr. No.	Name of Service	Type of Service	Prescribed Service Delivery Timeline	Number of Desks	Desk-1	Responsibilities of Desk-1	Desk-2	Responsibilities of Desk-2	Desk-3	Responsibilities of Desk-3
23	Approval of Design and Manufacturing Drawings for Boiler and Boiler components	G2B	1. 5 days up to 20 TPH Capacity. 2. 15 days Above 20 TPH & up to 100 TPH 3. 21 days above 100 TPH & Outside India.	2	Technical Assistant	Verify fees & document and scrutinize drawing. Submit findings to Director for approval/rejection.	Director	Scrutinize and approved drawings.	-	-
24	Issue of Certificate for Manufacture and Test (Boiler & Boiler Components)	G2B	3 days for boiler components . 7 days for boiler	3	Technical Assistant	Verify fees & document and scrutinize makers certificate and forward to IO for approval/rejection.	Inspecting Officer	Scrutinize makers certificate &. Forward to Director for approval/ rejection	Director	Scrutinize application and approve/reject maker's certificate.
25	Calibration of UTM and Impact Testing Machine	G2B	13 Days	3	Clerk/ Superintendent, Inspection branch	Verify fees and assign Inspecting officer	Inspecting Officer	To confirm the inspection Visit, witness calibration of machines, To scrutinize documents & submit for approval to Desk3 (JTD)	Joint Director	To approve action of Desk 2(IO) & issue calibration certificate
26	Transfer of Ownership	G2B	07 Days	2	Technical Officer	Verify fees and scrutinize the documents submitted by the Applicant	Dy. Director	Approve / Reject /Revert for Clarification	-	-

Sr. No.	Name of Service	Type of Service	Prescribed Service Delivery Timeline	Number of Desks	Desk-1	Responsibilities of Desk-1	Desk-2	Responsibilities of Desk-2	Desk-3	Responsibilities of Desk-3
27	Registration and cancellation of Registration of Establishments under Maharashtra Labour Welfare Fund Act, 1953.	G2B	21 Days	1	Assistant Welfare commissioner	Application Verification and Scrutiny, Scrutinize the supporting documents submitted by the applicant. Scrutiny and Approve or returns for correction to Applicant	-	-	-	-
		G2B	21 Days	1	Assistant Welfare commissioner	Application Verification and Scrutiny, Scrutinize the supporting documents submitted by the applicant. Scrutiny and Approve or returns for correction to Applicant	-	-	-	-

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Digitally signed by IDZES ANGMO KUNDAN
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Annexure A3: Required Documents (G2B Services)

Sr. No.	Name of Service	Sr. No.	Documents Required for the Service – Pre GPR	Documents Required for the Service – Post GPR
1	Registration of Establishment under Occupational Safety, Health and Working Conditions Code, 2020 (Other than Factory and other ports)	1	Identity Proof	Identity & Address Proof
		2	Address Proof	Pan Card of Organization
		3	Annexure-A	Annexure-A (Self Declaration & Self attestation)
		4	Annexure-B	Authority Letter
		5	Actual Photograph of Establishment	
		6	Identity of Employer Verification Document	
		7	Nature of Business Verification	
		8	Declaration of Principal Employer	
		9	Authority Letter of Principal Employer for Application	
		10	BOC Declaration	
		11	Authority Letter of Employer for Application	
		12	Employer Stamp/ Seal Document	
		13	Authority Letter of Employer for Application	
		14	RC Book of Vehicles	
		15	List of Vehicles along with RTO Registration Numbers	
		16	Authority Letter of Employer for Application	
		17	Certificate under Contract Labour Act	
2	Amendment in registration certificate of establishment under Occupational Safety, Health and Working Conditions Code, 2020 (Other than Factory and other ports)	1	Identity Proof	Annexure-A (Self Declaration & Self attestation)
		2	Address Proof	Previous Registration Certificate
		3	Annexure-A	Authority Letter
		4	Annexure-B	
		5	Identity of Employer Verification Document	
		6	Nature of Business Verification	
		7	Declaration of Principal Employer	
		8	Authority Letter of Principal Employer for Application	
		9	BOC Declaration	
		10	Authority Letter of Employer for Application	
		11	Employer Stamp/ Seal Document	

Sr. No.	Name of Service	Sr. No.	Documents Required for the Service – Pre GPR	Documents Required for the Service – Post GPR
		12	Authority Letter of Employer for Application	
		13	RC Book of Vehicles	
		14	List of Vehicles along with RTO Registration Numbers	
		15	Authority Letter of Employer for Application	
		16	Certificate under Contract Labour Act	
		17	Last copy of Registration Certificate of Shops and Commercial Establishments	
		18	Last copy of Registration Certificate of Contract labour work	
		19	Last copy of Registration Certificate of Building and other construction work	
		20	Last copy of Registration Certificate of Motor transport work	
		21	Last copy of Registration Certificate of Inter State Migrant work	
3	Cancellation of Registration certificate of Establishment under Occupational Safety, Health and Working Conditions Code, 2020 (Other than Factory and other ports)	1	NA	Digitally Signed Copy by Employer/ Owner / Occupier for Closure
4	Licence of Contractor (contract labour) and Industrial Premises (Beedi Cigar work) under Occupational Safety, Health and Working Conditions Code, 2020	1	Identity Proof	Certificate of PE – Propose to give Work - in case of contract labour
		2	Address Proof	Premises Plan - in case of Industrial Premises (Beedi Cigar worker)
		3	Annexure-A	Annexure-A (Self Declaration & Self attestation)
		4	Annexure-B	Copy of updated Registration Certificate of PE in case of contract labour
		5	Undertaking from Contractor	
		6	Certificate of Principal Employer	
		7	Form-5 of Principal Employer	
		8	Authority Letter of Employer for Application	
		9	Industrial Premises Plan	

Sr. No.	Name of Service	Sr. No.	Documents Required for the Service – Pre GPR	Documents Required for the Service – Post GPR
5	Renewal of Licence of Contractor (contract labour) and Industrial Premises (Beedi Cigar work) under Occupational Safety, Health and Working Conditions Code, 2020	1	Identity Proof	Certificate of PE – Propose to give Work - in case of contract labour
		2	Address Proof	Premises Plan - in case of Industrial Premises (Beedi Cigar worker)
		3	Annexure-A	Annexure-A (Self Declaration & Self attestation)
		4	Annexure-B	Copy of Last Licence
		5	Undertaking from Contractor	Copy of updated Registration Certificate of PE in case of contract labour
		6	Certificate of Principal Employer	
		7	Form-5 of Principal Employer	
		8	Authority Letter of Employer for Application	
		9	Industrial Premises Plan	
		10	Copy of Last Licence Issued	
		11	Copy of Last Licence Issued of Beedi Cigar	
6	Amendment in Licence of Contractor (contract labour) and Industrial Premises (Beedi Cigar work) under Occupational Safety, Health and Working Conditions Code, 2020	1	Identity Proof	Certificate of PE – Propose to give Work - in case of contract labour
		2	Address Proof	Premises Plan - in case of Industrial Premises (Beedi Cigar worker)
		3	Annexure-A	Annexure-A (Self Declaration & Self attestation)
		4	Annexure-B	Copy of Last Licence
		5	Undertaking from Contractor	Copy of updated Registration Certificate of PE in case of contract labour
		6	Certificate of Principal Employer	
		7	Form-5 of Principal Employer	
		8	Authority Letter of Employer for Application	
		9	Industrial Premises Plan	
		10	Copy of Last Licence Issued	
7	Registration of Establishment (factory and other ports) under Occupational Safety, Health and Working	1	NA	Leave And Licence Agreement / Ownership Document
		2		Aadhaar Card / Passport
		3		Process Flow Chart
		4		Proof of Occupier / Proprietorship Proof / List of Director / Partnership Deed

Sr. No.	Name of Service	Sr. No.	Documents Required for the Service – Pre GPR	Documents Required for the Service – Post GPR
	Conditions Code, 2020	5		MIDC Land parcel
8	Amendment of registration of factory and other ports under Occupational Safety, Health and Working Conditions Code, 2020	1	NA	Form 1 Digitally Signed Copy by Occupier And Manager.
9	Cancellation of Registration of factory and other ports under Occupational Safety, Health and Working Conditions Code, 2020	1	NA	Form 1 Digitally Signed Copy by Occupier and Manager.
10	Grant of licence for factory under Occupational Safety, Health and Working Conditions Code, 2020	1	Photo	Aadhaar Card / Passport
		2	Sign	Form 1 Duly Signed by Occupier and Manager
		3	Pan Card	Leave And Licence Agreement / Ownership Document
		4	Adhaar Card	Light Bill Copy / Load Sanctioned Letter Consumer Number
		5	Driving Licence	In Case of Female Worker – Internal Complaint Committee As Per Sexual Harassment Of Women At Workplace
		6	Passport	Latest Abstract of Ministry of Corporate Affairs Website Regarding Details of Director & DIN. In Case of Partnership Deed of Partnership
		7	List of Raw Material	
		8	List of Finished Goods	Board Resolution / Declaration Nominating One Of The Director Or Partner As An Occupier Certified By The Company Secretary / All The Directors Or Partners.
		9	Process Flow Chart	Process Flow Chart
		10	Form 1 Duly Signed By Occupier And Manager	Stability Certificate
		11	Light Bill Copy	Compliance Letter Of Plan Approved Conditions
		12	Load Sanctioned Letter	

Sr. No.	Name of Service	Sr. No.	Documents Required for the Service – Pre GPR	Documents Required for the Service – Post GPR
		13	Local Noc	
		14	Grampanchayat NOC	
		15	MIDC Allotment Letter	
		16	MPCB	
		17	7/12 Extract	
		18	MOA (Memorandum of Association)	
		19	Private Limited Company - List of Directors with Residential Address	
		20	Board Resolution Nominating One of The Director As An Occupier Certified By the Company Secretary	
		21	Form 32 – As Per MCA (Ministry of Company Act)	
		22	In Case of Female Worker - Internal Complaint Committee As Per Sexual Harassment Of Women At Workplace	
		23	Previous Factory Licence	
		24	Plan Approval Letter	
		25	Sketch Of Factory	
		26	Self-Declaration	
		27	Noc For the Other Partner For Accord One Partner As An Occupier	
		28	Partnership Firm - Partnership Deed with Duly Registered From Register Of Firms	
		29	Compliance Letter Of Plan Approved Conditions	
		30	Plan Approved Letter	
		31	Previous Approved Conditional Licence Copy	
		32	Others	
		33	Particular 1	
		34	Particular 2	
		35	Particular 3	
11	Renewal of licence for factory Under Occupational Safety, Health and Working Conditions Code, 2020	1	Photo	Form 1 Duly Signed by Occupier and Manager
		2	Sign	Leave And Licence Agreement / Ownership Document
		3	Pan Card	Latest Light Bill Copy / Load Sanctioned Letter
		4	Adhaar Card	In Case of Female Worker – Internal Complaint Committee as Per Sexual Harassment Of Women At Workplace.

Sr. No.	Name of Service	Sr. No.	Documents Required for the Service – Pre GPR	Documents Required for the Service – Post GPR
		5	Driving Licence	Process Flow Chart
		6	Passport	Previous Approved Factory Licence Copy
		7	List Of Raw Material	Latest Plan Approval Letter
		8	List Of Finished Goods	
		9	Process Flow Chart	
		10	Form 1 Duly Signed By Occupier And Manager	
		11	Light Bill Copy	
		12	Load Sanctioned Letter	
		13	Local Noc	
		14	Grampanchayat NOC	
		15	MIDC Allotment Letter	
		16	MPCB	
		17	7/12 Extract	
		18	Leave And Licence Agreement	
		19	MOA (Memorandum of Association)	
		20	Private Limited Company – List Of Directors With Residential Address	
		21	Board Resolution Nominating One of The Director As An Occupier Certified By The Company Secretary	
		22	Form 32 – As Per MCA (Ministry Of Company Act)	
		23	In Case of Female Worker – Internal Complaint Committee As Per Sexual Harassment of Women At Workplace	
		24	Previous Factory Licence	
		25	Plan Approval Letter	
		26	Sketch of Factory	
		27	Self-Declaration	
		28	NOC For The Other Partner For Accord One Partner As An Occupier	
		29	Partnership Firm – Partnership Deed With Duly Registered From Register Of Firms	
		30	Others	
		31	Particular 1	

Sr. No.	Name of Service	Sr. No.	Documents Required for the Service – Pre GPR	Documents Required for the Service – Post GPR
		32	Particular 2	
		33	Particular 3	
12	Amendment of licence for factory under Occupational Safety, Health and Working Conditions Code, 2020	1	Photo	Form 1 Duly Signed by Occupier And Manager *
		2	Sign	Previous Approved Factory Licence Copy *
		3	Pan Card	Latest Plan Approval Letter *
		4	Adhaar Card	Incorporation Certificate (In Case Of Factory Name Change) *
		5	Driving Licence	Form 1 Duly Signed By Occupier And Manager **
		6	Passport	Previous Approved Factory Licence Copy **
		7	List Of Raw Material	Proof Of Proprietorship / Partnership Deed With Duly Registered From Registrar Of Firms/ Proof Of Occupier As A Director (List Of Director From Roc Website /Form Dir 12/ Memorandum Of Association) **
		8	List Of Finished Goods	Death Certificate In Case Death Of Proprietor (If Applicable) **
		9	Process Flow Chart	Legal Heirship Document (If Applicable In Case Of Proprietorship) **
		10	Form 1 Duly Signed By Occupier And Manager	Declaration / Board Resolution, Nominating One Of The Partner As An Occupier Certified By All The Partners/Directors/Company Secretary **
		11	Others	Acceptance Of Occupier **
		12	Particular 1	Form 1 Duly Signed By Occupier And Manager ***
		13	Particular 2	Latest Light Bill/Load Sanction Letter For Increase In Connected Load (In Case Of Hp Changes) ***
		14	Particular 3	Previous Approved Factory Licence Copy ***
		15	Request Letter Stating The Nature Of Amendment Of Reason There Off	Latest Plan Approval Letter ***
		16	Certificate Of Incorporation In Case PVT LTD / AOA / MOA, In Case Proprietor - Affidavit Of Name In Change, In Case Partnership - Partnership Deed Change In Name	* If change in factory name and address ** If change in occupier selected *** If change in workers and HP (Horsepower) selected
		17	Approved Plan Copy	
		18	Previous Approved Licence	
		19	Request Letter For Change In HP Or Worker Slab	
		20	Letter Regarding Date Of HP Or Workers Increased	

Sr. No.	Name of Service	Sr. No.	Documents Required for the Service – Pre GPR	Documents Required for the Service – Post GPR
		21	Form 2	
		22	Request Letter Stating The Nature Of Amendment & Date From Which Workers Or HP Has Increased /Decreased.	
13	Approval of plan (Factory) under Occupational Safety, Health and Working Conditions Code, 2020	1	Photo	Aadhaar Card / Passport
		2	Sign	Form 1 Duly Signed By Occupier And Manager
		3	Pan Card	Leave And Licence Agreement / Ownership Document
		4	Adhaar Card	Detailed Plan Layout
		5	Driving Licence	Process Flow Chart
		6	Passport	Latest Plan Approved Letter (In Case of Revised Plan)
		7	List of Raw Material	List of Raw material With Quantity Usage And Method of Handling And Storage.
		8	List of Finished Goods	
		9	Process Flow Chart	
		10	Form 1 Duly Signed By Occupier And Manager	
		11	Others	
		12	Particular 1	
		13	Particular 2	
		14	Particular 3	
14	Grant of Common Licence For Factory, Contractor (Contract Labour) and Industrial Premises (Beedi Cigar Work) under Occupational Safety, Health and Working Conditions Code, 2020	1	NA	Aadhaar Card / Passport
		2		Form 1 Duly Signed By Occupier And Manager
		3		Leave And Licence Agreement / Ownership Document
		4		Light Bill Copy / Load Sanctioned Letter Consumer Number
		5		In Case of Female Worker – Internal Complaint Committee as Per Sexual Harassment of Women At Workplace
		6		Latest Abstract of Ministry of Corporate Affairs Website Regarding Details of Director & DIN
		7		In Case of Partnership Deed of Partnership
		8		Board Resolution / Declaration Nominating One of The Director Or Partner As An Occupier Certified By The Company Secretary / All The Directors Or Partners.
		9		Process Flow Chart

Sr. No.	Name of Service	Sr. No.	Documents Required for the Service – Pre GPR	Documents Required for the Service – Post GPR
		10		Stability Certificate
		11		Compliance Letter of Plan Approved Conditions
		12		Certificate of PE –Propose to give Work - in case of contract labour
		13		Premises Plan - in case of Industrial Premises (Beedi Cigar worker)
		14		Annexure-A (Self Declaration & Self attestation)
		15		Copy of updated Registration Certificate of PE
15	Renewal of Common Licence For Factory, Contractor (Contract Labour) and Industrial Premises (Beedi Cigar Work) under Occupational Safety, Health and Working Conditions Code, 2020	1	NA	Form 1 Duly Signed By Occupier And Manager
		2		Leave And Licence Agreement / Ownership Document
		3		Latest Light Bill Copy / Load Sanctioned Letter
		4		In Case of Female Worker – Internal Complaint Committee As Per Sexual Harassment of Women At Workplace.
		5		Process Flow Chart
		6		Previous Approved Factory Licence Copy
		7		Latest Plan Approval Letter
		8		Certificate of PE – Propose To Give Work - In Case of Contract Labour
		9		Premises Plan - In Case of Industrial Premises (Beedi Cigar Worker)
		10		Annexure-A (Self Declaration & Self Attestation)
		11		Copy of Last Licence
		12		Copy of Updated Registration Certificate of PE
16	Amendment in Common Licence For Factory, Contractor (Contract Labour) and Industrial Premises (Beedi Cigar Work) under Occupational Safety, Health and Working Conditions Code, 2020	1	NA	Undertaking Form XV (Non-engagement of CL in Core activity)
		2		Certificate of PE – Propose to give Work - in case of contract labour
		3		Actual Plan of Premises
		4		Annexure-A (Self Declaration & Self attestation)
		5		Form 1 Duly Signed By Occupier And Manager
		6		Previous Approved Factory Licence Copy
		7		Proof of Proprietorship / Partnership Deed With Duly Registered From Registrar Of Firms/ Proof of Occupier As A

Sr. No.	Name of Service	Sr. No.	Documents Required for the Service – Pre GPR	Documents Required for the Service – Post GPR
				Director (List Of Director From Roc Website /Form Dir 12/ Memorandum Of Association)
		8		Death Certificate In Case Death Of Proprietor (If Applicable)
		9		Legal Heirship Document (If Applicable In Case Of Proprietorship)
		10		Declaration / Board Resolution, Nominating One Of The Partner As An Occupier Certified By All The Partners/Directors/Company Secretary
		11		Acceptance Of Occupier
		12		Form 1 Duly Signed By Occupier And Manager
		13		Previous Approved Factory Licence Copy
		14		Latest Plan Approval Letter
		15		Incorporation Certificate (In Case Of Factory Name Change)
17	Registration of Boilers & Economisers	1	Upload Photo of Applicant	Pipe fabricator recognition letter
		2	Upload Signature of Applicant	Consent letter from the pipe fabricator
		3	List of documents Submitted	Consent letter from Boiler Erector
		4	Upload relevant documents required for Registration of Boiler	Makers Certificate - Drop down of all makers certificates in pdf will be provided and applicant will upload relevant makers certificate and + button is provided add more certificates (Tooltip shall be provided to guide the user regarding the documents required, and corresponding checkboxes shall be included to enable the user to confirm submission of the applicable documents.) Provide (+) button to add multiple documents
		5	Other	Pressure Part Drawings - Drop down in pdf will be provided and applicant will upload relevant drawings and + button is provided add more Drawings
		6	-	Digitally signed structural stability Certificate
18	Renewal of Certificate for Boilers & Economisers	1	Upload Photo (.jpeg)	NIL
		2	Upload Signature (.jpeg)	
		3	Other (pdf)	
19	Approval as Boiler & Boiler component Manufacturer,	1	Upload Photo of Applicant	List of works carried out in Last 1 year
		2	Upload Signature of Applicant	NOC obtained from Local authority / MIDC to undertake manufacturing activity

Sr. No.	Name of Service	Sr. No.	Documents Required for the Service – Pre GPR	Documents Required for the Service – Post GPR
	Repairer, Pipe Fabricator, Erector Etc.	3	List of tools and tackles with technical	Welder Certificates
		4	specification, make, capacity etc.	Approved plan workshop showing the locations of all machines and equipment's covering all the space area
		5	List of manpower	Proof of land ownership / lease agreement
		6	List of Previous works carried out	Name and details of NDT Personnels
		7	List of Welder details	"Previous Approval / Renewal certificate"
		8	NOC obtained from Local authority / MIDC to undertake manufacturing activity	"Udyam Aadhar / MSME certificate "
		9	Welder Certificates	
		10	Approved plan workshop showing the locations of all machines and equipment's covering all the space area	
		11	Previous Approval/Renewal Certificate	
		12	Extra Documents 1	
		13	Extra Documents 2	
		14	Extra Documents 3	
		15	Extra Documents 4	
		16	Extra Documents 5	
		17	Map of area available for fabrication both covered / uncovered showing both plan and elevation details	
		18	SSI Unit, a copy of certificate	
		19	Particulars Documents 1	
		20	Particulars Documents 2	
		21	Particulars Documents 3	
20	Renewal of Approval as Boiler & Boiler component Manufacturer, Repairer, Pipe Fabricator, Erector etc.	1	Upload Photo of Applicant	List of Previous works carried out in last 1 year
		2	Upload Signature of Applicant	Welder Certificates
		3	List of tools and tackles with technical	Approved plan workshop showing the locations of all machines and equipment's covering all the space area
		4	specification, make, capacity etc.	Proof of land ownership / lease agreement
		5	List of manpower	Name and details of NDT Personnels
		6	List of Previous works carried out	"Udyam Aadhar / MSME certificate"
		7	List of Welder details	

Sr. No.	Name of Service	Sr. No.	Documents Required for the Service – Pre GPR	Documents Required for the Service – Post GPR
		8	NOC obtained from Local authority / MIDC to undertake manufacturing activity	
		9	Welder Certificates	
		10	Approved plan workshop showing the locations of all machines and equipment's covering all the space area	
		11	Previous Approval/Renewal Certificate	
		12	Extra Documents 1	
		13	Extra Documents 2	
		14	Extra Documents 3	
		15	Extra Documents 4	
		16	Extra Documents 5	
		17	Map of area available for fabrication both covered / uncovered showing both plan and elevation details	
		18	SSI Unit, a copy of certificate	
		19	Particulars Documents 1	
		20	Particulars Documents 2	
		21	Particulars Documents 3	
21	Scrapping of Boilers/Economisers	1	Upload Photo of Applicant	NIL
		2	Upload Signature of Applicant	
22	Permission of Boiler/ Economisers Repairing	1	Upload Photo (.jpeg)	Inspecting officer Observations and repairs suggested letter
		2	Upload Signature (.jpeg)	Work allotment letter by the corresponding Boiler user firm
		3	Copy of Approval/Renewal	
		4	Inspecting officer Observations and repairs suggested letter	
		5	Work allotment letter by the corresponding Boiler user firm	
23	Approval of Design and Manufacturing Drawings for Boiler and Boiler components 1. Made in India 2. Made outside India	1	Written Application	Design Calculation .pdf
		2	Design Calculation	Drawing .pdf
		3	Drawing	
		4	Fees challan	
		5	Other Document	

Sr. No.	Name of Service	Sr. No.	Documents Required for the Service – Pre GPR	Documents Required for the Service – Post GPR
24	Issue of Certificate for Manufacture and Test a. Boiler Components b. Boiler	1	Written Application	Upload Job Card (For Hydraulic Test/ Final Inspection Certificate)
		2	Fee Challan	Upload checklist as per Appendix J (For Hydraulic Test/ Final Inspection Certificate)
		3	Makers Certificate	Destructive Testing Report
		4	Annexure (Job Card)	List of Accepted Radiography & Heat Treatment Details (For Hydraulic Test/ Final Inspection Certificate)
		5	Checklist as per Appendix J	Upload Makers certificate (For Issue of Makers Certificate)
		6	Provisionally Approved Drawing	Provisionally Approved Drawing (For Issue of Makers Certificate)
		7	As Built Drawing	Upload As Built Drawing (For Issue of Makers Certificate)
		8	Destructive Testing Reports	
		9	Radiography Reports	
		10	Heat Treatment Charts	
		11	Other Document	
25	Calibration of UTM and Impact Testing Machine	1	Upload Photo (.jpeg)	Recognition letter issued by Directorate of steam boilers, Maharashtra State/Central Boiler Board
		2	Upload Signature (.jpeg)	
26	Transfer of Ownership	1	Upload Photo of Applicant	Certified document for change in name issued by Government Authority
		2	Upload Signature of Applicant	Declaration of seller on firms Letterhead if available
		3	Others	
		4	Certified document issued by Government Authority	
		5	Application on firm Letterhead with authorized signature	
		6	Declaration of seller on firms Letterhead if available	
27	Registration and cancellation of Registration of Establishments under Maharashtra Labour Welfare Fund Act, 1953.	1	Certificate of Incorporation / Maharashtra Shop & Establishment Licence	A Certificate/ Letter issued by any Competent Authority indicating closing of Business
		2	Small Scale Industries Registration Certificate / Aadhaar Udyog / Factory Licence	Pan Card
		3	A Certificate/ Licence issued by any Competent Authority indicating starting of Business	
		4	P.F. / E.S.I.C. / P. Tax Code Draft Letter	
		5	Salary Registers / P. Tax Challan	

Sr. No.	Name of Service	Sr. No.	Documents Required for the Service – Pre GPR	Documents Required for the Service – Post GPR
		6	Pan Card	
		1	Amount not disbursed to workers from unclaimed fund (wages, bonus, gratuity & penalty)	A Certificate/ Letter issued by any Competent Authority indicating closing of Business
		2	Establishment employees' unclaimed fund — last 3 years' details	
		3	Latest financial year accounts — latest balance sheet with profit & loss account	
		4	Cancellation order from PF / P-Tax / ESIC / GST / Shops & Establishments or Industrial Safety and Health Department	
		5	Licence cancellation order	
		6	A Certificate/ Letter issued by any Competent Authority indicating closing of Business	

IDZES ANGMO KUNDAN

Digitally signed by IDZES ANGMO KUNDAN
DN: c=IN, o=GOVERNMENT OF MAHARASHTRA, ou=IELMD, 2.5.4.20=26DF3EE105BC8F700CC0069313E2A264100C5353331BA68C218B924051D00964, postalCode=400032, st=Maharashtra, serialNumber=AA188B11337CE1026F89679E39BA8F295646BA2F897C4006AFDD248106CEB3EB, cn=IDZES ANGMO KUNDAN
Date: 2026.11.17 13:13:43 +05'30'

(आय.ए.कुंदन)

अपर मुख्य सचिव, महाराष्ट्र शासन

Annexure A4: (1)

Registration of Establishment under Occupational Safety, Health and Working Conditions Code, 2020 (Other than Factory and other ports)

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remarks
Service Type: a) Shops and Commercial Establishments, b) Contract labour work, c) Building and other construction work, d) Motor transport work, e) Plantation work, f) Inter State Migrant work, g) Any other Establishment	Mandatory	No	Multi-Select Dropdown	
Other Establishment	Mandatory	No	Text	Upon Selection of “any Other establishment”
Labour Identification Number (LIN)	Non-Mandatory	No	Text	Proposed Integration with Shram Suvidha Portal
Name of Establishment	Mandatory	Yes	Long Text	Auto-fetch from MAITRI Profile
Name of Building	Mandatory	Yes	Long Text	
Street	Mandatory	Yes	Text	
Landmark	Mandatory	Yes	Text	
Locality/Ward	Mandatory	Yes	Text	
State	Mandatory	Yes	Dropdown	
District	Mandatory	Yes	Dropdown	
Taluka	Mandatory	Yes	Dropdown	
Pincode	Mandatory	Yes	Number	
PAN Number	Mandatory	Yes	Text	
Total Number of employees engaged directly in the establishment - Male	Mandatory	No	Number	
Total Number of employees engaged directly in the establishment - Female	Mandatory	No	Number	

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remarks
Total Number of employees engaged directly in the establishment - Transgender	Mandatory	No	Number	
Total Number of Employees engaged directly in the establishment	Mandatory	Yes	Number Auto-Calculated	
Total Number of the contract labour engaged	Mandatory	Yes	Number	Auto-fetch from MAITRI Profile
Total Number of Inter-State Migrant workers employed	Mandatory	Yes	Number	
Consumer Electricity Number	Non-Mandatory	No	Number	Proposed Integration with Electricity Vendor Systems
IGR Registration Number	Non-Mandatory	No	Text	Proposed Integration with IGR System
Ownership Type / Sector	Mandatory	Yes	Long Text	Auto-fetch from MAITRI Profile
Activity as per National Industrial Classification	Mandatory	No	Dropdown	Multi-Select Dropdown as per NIC Codes
Details of selected NIC Code	Mandatory	No	Text	As per NIC Codes
Identification of the establishment e-sign / Digital Sign Of Employer / Representative	Mandatory	No	Digital Signature	Aadhar OTP Based Signature; Proposed integration with Aadhar
Full Name of Employer / Occupier/ Owner/ Director/ Agent/ Chief Executive/ Partners as per Aadhar	Mandatory	No	Long Text	Proposed integration with Aadhar
Address of Employer / Occupier/ Owner/ Director/ Agent/ Chief Executive/ Partners	Mandatory	No	Long Text	Proposed integration with Aadhar
Designation (Occupier/Owner/ Director / Agent / Chief Executive / Partners)	Mandatory	No	Text	
Email Address	Mandatory	No	Email	
Telephone Number	Non-Mandatory	No	Number	
Mobile Number	Mandatory	No	Mobile Number	Proposed integration with Aadhar
Full name of Manager/ Agent or person responsible for supervision and control of the Establishment	Mandatory	No	Long Text	Proposed integration with Aadhar
Address of Manager/ Agent or person responsible for supervision and control of the Establishment	Mandatory	No	Long Text	Proposed integration with Aadhar
Email Address	Mandatory	No	Email	
Telephone Number	Non-Mandatory	No	Number	

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remarks
Mobile Number	Mandatory	No	Mobile Number	Proposed integration with Aadhar
Type of Construction Work	Mandatory	No	Text	To be enabled if Applicable
Probable period of commencement of work	Mandatory	No	Date	
Expected period of completion of work	Mandatory	No	Date	
Details of approval of the local authority	Mandatory	No	Long Text	
Postal Address of Transport Undertaking	Mandatory	No	Long Text	To be enabled if Applicable
Name of the Occupier & Manager	Mandatory	No	Long Text	
Address of Occupier/Manager	Mandatory	No	Long Text	
Number of Vehicles	Mandatory	No	Number	
List of Vehicle along with RTO Registration Numbers	Mandatory	No	Document Upload	
Number of Staff	Mandatory	No	Number	
Number of Motor Transport Workers	Mandatory	No	Number	
Name of Contractor	Mandatory	No	Long Text	To be enabled if Applicable
Address of Contractor	Mandatory	No	Long Text	
Email Address of Contractor	Mandatory	No	Email	
Mobile Number of Contractor	Mandatory	No	Mobile Number	
Nature of Work in which Inter State Migrant Workers are Employed	Mandatory	No	Long Text	
Number of Male Inter State Migrant Workers	Mandatory	No	Number	
Number of Female Inter State Migrant Workers	Mandatory	No	Number	
Number of Other Gender Inter State Migrant Workers	Mandatory	No	Number	
Total Inter State Migrant Workers	Mandatory	Yes	Number	
Date of Commencement of Work	Mandatory	No	Date	
Probable Date of Completion of Work	Mandatory	No	Date	
Name of Plantation	Mandatory	No	Long Text	To be enabled if Applicable
Full Address to which Communication relating to plantation should be sent	Mandatory	No	Long Text	
Total grant of the Plantation (in Hectares)	Mandatory	No	Number	
Maximum Number of Workers employed on any day during the preceding calendar year (Permanent)	Mandatory	No	Number	

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remarks
Maximum Number of Workers employed on any day during the preceding calendar year (Temporary)	Mandatory	No	Number	
Maximum Number of Workers employed on any day during the preceding calendar year (Casual)	Mandatory	No	Number	
Total Plantation Workers	Mandatory	Yes	Number	
Full name & Residential Address of the Proprietor & partners of the plantation in case it is not registered under the Companies act, 1956	Non-Mandatory	No	Long Text	
Full name & Residential Address of the directors in the case of a Company registered under the Company act-1956	Non-Mandatory	No	Long Text	
Full name & Address of Chief Executives or General manager of the planation in the Public Sector	Non-Mandatory	No	Long Text	
Name of Contractor	Mandatory	No	Long Text	To be enabled if Applicable
Address of Contractor	Mandatory	No	Long Text	
Email Address of Contractor	Mandatory	No	Email	
Mobile Number of Contractor	Mandatory	No	Mobile Number	
Nature of Work in which contract labourers employed	Mandatory	No	Long Text	
Maximum number of Contract Labour Expected to be employed on any day through each contractor	Mandatory	No	Number	
Date of Commencement of Work	Mandatory	No	Date	
Date of Completion of Work	Mandatory	No	Date	
Fee	Mandatory	Yes	Number	Auto Calculated as per number of workers
Applicant Name	Mandatory	Yes	Text	Auto-fetch from MAITRI Profile
Designation	Mandatory	Yes	Text	
Place	Mandatory	Yes	Text	
E-Sign / Digital Signature	Mandatory	No	Digital Signature	

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remarks
Declaration Acceptance: I hereby declare that the information, documents, and supporting records submitted by me are true, complete, and genuine to the best of my knowledge and belief. I confirm that no false, misleading, or fabricated information has been provided. I understand that if any information or document is found to be false, incorrect, misleading, misrepresenting or fraudulent at any stage, my application may be rejected or cancelled. If any information or documents provided is found to be false, I shall be liable for prosecution, penalties, or other actions under the Bharatiya Nyaya Sanhita (BNS), 2023, and any other applicable laws. I also undertake to comply with all applicable provisions of Labour Codes and labour laws to me and my establishment.	Mandatory	No	Checkbox	

Annexure A4: (2)

Amendment in registration certificate of establishment under Occupational Safety, Health and Working Conditions Code, 2020 (Other than Factory and other ports)

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remarks
Registration Number of Establishment	Mandatory	No	Long Text	
Category of Amendment Required: Change in Establishment Details Change in Ownership Type / Sector & NIC Details Change in Employer/ Owner / Occupier Details Change in Manager/Agent Details Change in Building & Other Construction Work Change in Motor Transport Undertaking Change in Inter State Migrant Worker Details Change in Plantation Registration Change in Contractor Details	Mandatory	No	Multi-Select Dropdown	
Labour Identification Number (LIN)	Non-Mandatory	Yes	Text	Auto-fetch from registration certificate issued
Name of Establishment	Mandatory	Yes	Long Text	Auto-fetch from registration certificate issued
Name of Building	Mandatory	Yes	Long Text	Auto-fetch from MAITRI Profile
Street	Mandatory	Yes	Text	
Landmark	Mandatory	Yes	Text	
Locality/Ward	Mandatory	Yes	Text	
State	Mandatory	Yes	Dropdown	
District	Mandatory	Yes	Dropdown	
Taluka	Mandatory	Yes	Dropdown	
Pincode	Mandatory	Yes	Number	
PAN Number	Mandatory	Yes	Text	
Total Number of employees engaged directly in the establishment - Male	Mandatory	No	Number	

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remarks
Total Number of employees engaged directly in the establishment - Female	Mandatory	No	Number	
Total Number of employees engaged directly in the establishment - Transgender	Mandatory	No	Number	
Total Number of Employees engaged directly in the establishment	Mandatory	Yes	Number Auto-Calculated	
Total Number of permanent Workers and employees engaged directly in the establishment	Mandatory	Yes	Number	
Total Number of the contract labour engaged	Mandatory	Yes	Number	
Total Number of Inter-State Migrant workers employed	Mandatory	Yes	Number	
Consumer Electricity Number	Mandatory	Yes	Number	
IGR Registration Number	Non-Mandatory	Yes	Long Text	
Ownership Type / Sector	Mandatory	Yes	Text	Auto-fetch from registration certificate issued
Activity as per National Industrial Classification	Mandatory	Yes	Dropdown	
Details of selected NIC Code	Mandatory	Yes	Text	
Identification of the establishment e-sign / Digital Sign Of Employer / Representative	Mandatory	Yes	Digital Signature	
Full Name of Employer / Occupier/ Owner/ Director/ Agent/ Chief Executive/ Partners as per Aadhar	Mandatory	Yes	Long Text	Auto-fetch from registration certificate issued
Address of Employer / Occupier/ Owner/ Director/ Agent/ Chief Executive/ Partners	Mandatory	Yes	Long Text	
Designation (Occupier/Owner/ Director / Agent / Chief Executive / Partners)	Mandatory	Yes	Long Text	
Father's/ Husband's Name of the Employer	Mandatory	Yes	Text	
Email Address	Mandatory	Yes	Email	
Telephone Number	Non-Mandatory	Yes	Number	
Mobile Number	Mandatory	Yes	Mobile Number	
Full name of Manager/ Agent or person responsible for supervision and control of the Establishment	Mandatory	Yes	Long Text	Auto-fetch from registration certificate issued

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remarks
Address of Manager/ Agent or person responsible for supervision and control of the Establishment	Mandatory	Yes	Long Text	
Email Address	Mandatory	Yes	Email	
Telephone Number	Non-Mandatory	Yes	Number	
Mobile Number	Mandatory	Yes	Mobile Number	
Type of Construction Work	Mandatory	Yes	Text	To be Auto-fetch from Registration; Editable if Applicable
Probable period of commencement of work	Mandatory	Yes	Date	
Expected period of completion of work	Mandatory	Yes	Date	
Details of approval of the local authority	Mandatory	Yes	Long Text	
Postal Address of Transport Undertaking	Mandatory	Yes	Long Text	To be Auto-fetch from Registration; Editable if Applicable
Name of the Occupier & Manager	Mandatory	Yes	Text	
Address of Occupier/Manager	Mandatory	Yes	Long Text	
Number of Vehicles	Mandatory	Yes	Number	
List of Vehicle along with RTO Registration Numbers	Mandatory	Yes	Document Upload	
Number of Staff	Mandatory	Yes	Number	
Number of Motor Transport Workers	Mandatory	Yes	Number	
Name of Contractor	Mandatory	Yes	Text	To be Auto-fetch from Registration; Editable if Applicable
Address of Contractor	Mandatory	Yes	Text	
Email Address of Contractor	Mandatory	Yes	Email	
Mobile Number of Contractor	Mandatory	Yes	Mobile Number	
Nature of Work in which Inter State Migrant Workers are Employed	Mandatory	Yes	Long Text	
Number of Male Inter State Migrant Workers	Mandatory	Yes	Number	
Number of Female Inter State Migrant Workers	Mandatory	Yes	Number	
Number of Other Gender Inter State Migrant Workers	Mandatory	Yes	Number	
Total Inter State Migrant Workers	Mandatory	Yes, Auto Calculated	Number	
Date of Commencement of Work	Mandatory	Yes	Date	
Probable Date of Completion of Work	Mandatory	Yes	Date	
Name of Plantation	Mandatory	Yes	Long Text	

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remarks
Full Address to which Communication relating to plantation should be sent	Mandatory	Yes	Long Text	To be Auto-fetch from Registration; Editable if Applicable
Total grant of the Plantation (in Hectares)	Mandatory	Yes	Number	
Maximum Number of Workers employed on any day during the preceding calendar year (Permanent)	Mandatory	Yes	Number	
Maximum Number of Workers employed on any day during the preceding calendar year (Temporary)	Mandatory	Yes	Number	
Maximum Number of Workers employed on any day during the preceding calendar year (Casual)	Mandatory	Yes	Number	
Total Plantation Workers	Mandatory	Yes, Auto Calculated	Number	
Full name & Residential Address of the Proprietor & partners of the plantation in case it is not registered under the Companies act, 1956	Non-Mandatory	Yes	Long Text	
Full name & Residential Address of the directors in the case of a Company registered under the Company act-1956	Non-Mandatory	Yes	Long Text	
Full name & Address of Chief Executives or General manager of the planation in the Public Sector	Non-Mandatory	Yes	Long Text	
Name of Contractor	Mandatory	Yes	Text	To be Auto-fetch from Registration; Editable if Applicable
Address of Contractor	Mandatory	Yes	Long Text	
Email Address of Contractor	Mandatory	Yes	Email	
Mobile Number of Contractor	Mandatory	Yes	Mobile Number	
Nature of Work in which contract labourers employed	Mandatory	Yes	Long Text	
Maximum number of Contract Labour Expected to be employed on any day through each contractor	Mandatory	Yes	Number	
Date of Commencement of Work	Mandatory	Yes	Date	
Date of Completion of Work	Mandatory	Yes	Date	
Applicant Name	Mandatory	Yes	Text	Auto-fetch from MAITRI Profile
Designation	Mandatory	Yes	Text	
Place	Mandatory	Yes	Text	
E-Sign / Digital Signature	Mandatory	No	Digital Signature	

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remarks
Declaration Acceptance: I hereby declare that the information, documents, and supporting records submitted by me are true, complete, and genuine to the best of my knowledge and belief. I confirm that no false, misleading, or fabricated information has been provided. I understand that if any information or document is found to be false, incorrect, misleading, misrepresenting or fraudulent at any stage, my application may be rejected or cancelled. If any information or documents provided is found to be false, I shall be liable for prosecution, penalties, or other actions under the Bharatiya Nyaya Sanhita (BNS), 2023, and any other applicable laws. I also undertake to comply with all applicable provisions of Labour Codes and labour laws to me and my establishment.	Mandatory	No	Checkbox	

Annexure A4: (3)

Cancellation of Registration certificate of Establishment under Occupational Safety, Health and Working Conditions Code, 2020 (Other than Factory and other ports)

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remarks
Registration Number of Establishment	Mandatory	No	Long Text	
Name and Address of Establishment	Mandatory	Yes	Long Text	Auto-fetch from Registration Form
Full address to which communication relating to the establishment to be sent	Mandatory	Yes	Long Text	
Nature of work of the establishment	Mandatory	Yes	Long Text	
Consumer Electricity Number	Mandatory	Yes	Number	
IGR Registration Number	Non-Mandatory	Yes	Long Text	
Name and Designation of employer	Mandatory	Yes	Long Text	Auto-fetch from Registration Form
I/We hereby intimate that the establishment having registration No. …*(Auto Fill)*…….. Dated……*(Auto Fill)*……. is closed with effect from…….. (Date).	Mandatory	Partial	Text	
I/we hereby certify that the payment of all dues to the workers employed in the establishment having registration no. _*(Auto Fill)*___ Dated__*(Auto Fill)*____ has been made.	Mandatory	Partial	Text	
I/we hereby certify that the establishment having registration no. __*(Auto Fill)*__ Dated__*(Auto Fill)*____ kept free from storage of hazardous chemicals and substances.	Mandatory	Partial	Text	
Applicant Name	Mandatory	Yes	Text	Auto-fetch from MAITRI Profile
Designation	Mandatory	Yes	Text	
Place	Mandatory	Yes	Text	
E-Sign / Digital Signature	Mandatory	No	Digital Signature	
Declaration Acceptance: I hereby declare that the information, documents, and supporting records submitted by me are true, complete, and genuine to the best of my knowledge and belief. I confirm that no false, misleading, or fabricated information has been provided.	Mandatory	No	Checkbox	

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remarks
I understand that if any information or document is found to be false, incorrect, misleading, misrepresenting or fraudulent at any stage, my application may be rejected or cancelled. If any information or documents provided is found to be false, I shall be liable for prosecution, penalties, or other actions under the Bharatiya Nyaya Sanhita (BNS), 2023, and any other applicable laws. I also undertake to comply with all applicable provisions of Labour Codes and labour laws to me and my establishment.				

Annexure A4: (4)

Licence of Contractor (contract labour) and Industrial Premises (Beedi Cigar work) under Occupational Safety, Health and Working Conditions Code, 2020

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remarks
Service Type a) Contractor (Contract Labour), b) Industrial Premises (Beedi, Cigar Work)	Mandatory	No	Multi-Select Dropdown	
Name of Establishment	Mandatory	Yes	Long Text	Auto-fetch from MAITRI Profile
Name of Building	Mandatory	Yes	Long Text	
Street	Mandatory	Yes	Text	
Landmark	Mandatory	Yes	Text	
Locality/Ward	Mandatory	Yes	Text	
State	Mandatory	Yes	Dropdown	
District	Mandatory	Yes	Dropdown	
Taluka	Mandatory	Yes	Dropdown	
Pincode	Mandatory	Yes	Number	
Email ID of Establishment	Mandatory	Yes	Email	
Telephone Number	Non-Mandatory	Yes	Number	
Mobile Number	Mandatory	Yes	Mobile Number	
Activity as per National Industrial Classification: (Select all applicable activities given)	Mandatory	No	Dropdown	Auto Fetch from NIC Code
Details of Selected NIC Code	Mandatory	No	Text	
Nature of Work carried out in Main Establishment	Mandatory	Yes	Long Text	Auto-fetch from MAITRI Profile
Consumer Electricity Number	Non-Mandatory	No	Number	Proposed Integration with Electricity Vendor Systems
Full Name of Employer	Mandatory	Yes	Long Text	Auto-fetch from MAITRI Profile
Relationship with Establishment	Mandatory	Yes	Text	
Full Address of Employer	Mandatory	Yes	Long Text	

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remarks
Email ID of Employer	Mandatory	Yes	Email	
Mobile Number of Employer	Mandatory	Yes	Mobile Number	
Name of the Principal Employer	Mandatory	No	Long Text	To be enabled if Applicable
Address of the Principal Employer, where Contract labourers are being proposed to engage	Mandatory	No	Long Text	
Name of the representative of Principal Employer where the Contract Labourers are being proposed to engaged	Mandatory	No	Long Text	
Designation of the representative of Principal Employer where the Contract Labourers are being proposed to engaged	Mandatory	No	Text	
Nature of Work in which Contract Laboures are being proposed to engage	Mandatory	No	Dropdown	
Activity as per National Industrial Classification	Mandatory	No	Dropdown	
Date of Commencement	Mandatory	No	Date	
Date of Completion	Mandatory	No	Date	
Number of contract labourers being proposed to engage on any one day during financial year - Male	Mandatory	No	Number	
Number of contract labourers being proposed to engage on any one day during financial year - Female	Mandatory	No	Number	
Number of contract labourers being proposed to engage on any one day during financial year - Transgender	Mandatory	No	Number	
Total Contract Labour Proposed	Mandatory	Yes	Number Auto-Calculated	
Amount paid as Security Deposit	Mandatory	Yes	Number Auto-Calculated	
Amount paid as fees for licence	Mandatory	Yes	Number Auto-Calculated	
Late Fees paid (If Applicable)	Mandatory	Yes	Number Auto-Calculated	
Whether Licence was cancelled of applicant in Past?	Mandatory	No	Radio Button	If Yes, then following two fields to be opened up

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remarks
Previous Cancellation Details	Conditional	No	Long Text	To be enabled if Applicable
Present Status of Cancellation	Conditional	No	Long Text	
Any court case pending with reference to Cancellation?	Mandatory	No	Radio Button	If Yes, then following field to be opened up
Give details and present status of case	Conditional	No	Long Text	To be enabled if Applicable
Whether Registration of principal employer was abolished in past? Or any abolition proposal is pending with Government?	Mandatory	No	Radio Button	If Yes, then following field to be opened up
Details of Abolition/Action Taken	Conditional	No	Long Text	To be enabled if Applicable
Full postal address to which communication relating to the industrial premises should be sent	Mandatory	No	Long Text	To be enabled if Applicable
Reference number of latest approved plan of industrial premises of Beedi and cigar manufacturing, by the designated officer of Labour Commissioner office	Mandatory	No	Text	
Date of latest approved plan of industrial premises of Beedi and cigar manufacturing, by the designated officer of Labour Commissioner office	Mandatory	No	Date	
Maximum number of employees proposed to be employed on any one day during the financial year commencing on - Male	Mandatory	No	Number	
Maximum number of employees proposed to be employed on any one day during the financial year commencing on - Female	Mandatory	No	Number	
Maximum number of employees proposed to be employed on any one day during the financial year commencing on - Transgender	Mandatory	No	Number	
Total Employees Proposed	Mandatory	Yes	Number Auto-Calculated	
Whether the employer is a trademark holder registered under the Trade and merchandise Marks Act, 1958?	Mandatory	No	Radio Button	If Yes, then following field to be opened up
Trademark Registration Details	Conditional	No	Text	To be enabled if Applicable
Value of beedies or cigars or both manufactured at the industrial premises during the preceding financial year ending on_____	Mandatory	No	Text	
Applicant's previous experience of the Beedi and cigar Industry?	Mandatory	No	Radio Button	

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remarks
Whether the proposed site of the industrial premises amounts to the alteration of the site, of any existing industrial premises	Mandatory	No	Long Text	If Yes, then following field to be opened up
and if so the reasons for such alterations	Conditional	No	Long Text	To be enabled if Applicable
Whether any industrial premises was closed by the applicant during the last 12 months?	Mandatory	No	Radio Button	If Yes, then following field to be opened up
Brief Closure Reasons	Conditional	No	Long Text	To be enabled if Applicable
Source of obtaining Tobacco	Mandatory	No	Long Text	
Whether the beedi or cigar or both manufactured by the applicant, will be sold and marked by himself or through a any other registered user of trademark or any other person	Mandatory	No	Radio Button	If Others, then following field to be opened up
Please specify Details	Conditional	No	Long Text	To be enabled if Applicable
Amount of fees paid	Mandatory	No	Number	
Applicant Name	Mandatory	Yes	Text	Auto-fetch from MAITRI Profile
Designation	Mandatory	Yes	Text	
Place	Mandatory	No	Text	
E-Sign / Digital Signature	Mandatory	No	Digital Signature	
Declaration Acceptance: I hereby declare that the information, documents, and supporting records submitted by me are true, complete, and genuine to the best of my knowledge and belief. I confirm that no false, misleading, or fabricated information has been provided. I understand that if any information or document is found to be false, incorrect, misleading, misrepresenting or fraudulent at any stage, my application may be rejected or cancelled. If any information or documents provided is found to be false, I shall be liable for prosecution, penalties, or other actions under the Bharatiya Nyaya Sanhita (BNS), 2023, and any other applicable laws. I also undertake to comply with all applicable provisions of Labour Codes and labour laws to me and my establishment.	Mandatory	Yes	Checkbox	

Annexure A4: (5)

Renewal of Licence of Contractor (contract labour) and Industrial Premises (Beedi Cigar work) under Occupational Safety, Health and Working Conditions Code, 2020

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remarks
Existing Licence Number	Mandatory	No	Text	Upon entering the Existing Licence number the prefilled Form to be populated and Applicant to be enabled with Edit options and submission of required documents
Service Type Change in Period of Licence Change in Beedi & Cigar Details	Mandatory	No	Multi-Select Dropdown	
Name of Establishment	Mandatory	Yes	Long Text	Auto-fetch from the existing licence Issued; To be enabled for EDIT if Applicable
Name of Building	Mandatory	Yes	Long Text	
Street	Mandatory	Yes	Text	
Landmark	Mandatory	Yes	Text	
Locality/Ward	Mandatory	Yes	Text	
State	Mandatory	Yes	Dropdown	
District	Mandatory	Yes	Dropdown	
Taluka	Mandatory	Yes	Dropdown	
Pincode	Mandatory	Yes	Number	
Email ID of Establishment	Mandatory	Yes	Email	
Telephone Number	Non-Mandatory	Yes	Number	
Mobile Number	Mandatory	Yes	Mobile Number	
Activity as per National Industrial Classification: (Select all applicable activities given)	Mandatory	Yes	Dropdown	
Details of Selected NIC Code	Mandatory	Yes	Text	
Nature of Work carried out in Main Establishment	Mandatory	Yes	Long Text	
Consumer Electricity Number	Non-Mandatory	Yes	Number	
Full Name of Employer	Mandatory	Yes	Long Text	

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remarks
Relationship with Establishment	Mandatory	Yes	Long Text	Auto-fetch from the existing licence Issued; To be enabled for EDIT if Applicable
Full Address of Employer	Mandatory	Yes	Long Text	
Email ID of Employer	Mandatory	Yes	Email	
Mobile Number of Employer	Mandatory	Yes	Mobile Number	
Name of the Principal Employer	Mandatory	Yes	Long Text	Auto-fetch from the existing licence Issued
Address of the Principal Employer, where Contract labourers are being proposed to engage	Mandatory	Yes	Long Text	
Name of the representative of Principal Employer where the Contract Labourers are being proposed to engaged	Mandatory	Yes	Long Text	
Designation of the representative of Principal Employer where the Contract Labourers are being proposed to engaged	Mandatory	Yes	Text	
Licence Number (If any granted)	Mandatory	Yes	Text	
Nature of Work in which Contract Laboures are being proposed to engage	Mandatory	No	Dropdown	
Activity as per National Industrial Classification	Mandatory	Yes	Dropdown	
Date of Commencement	Mandatory	Yes	Date	Auto-fetch from the existing licence Issued; To be enabled for EDIT if Applicable
Date of Completion	Mandatory	Yes	Date	
Number of contract labourers being proposed to engage on any one day during financial year - Male	Mandatory	Yes	Number	Auto-fetch from the existing licence Issued
Number of contract labourers being proposed to engage on any one day during financial year - Female	Mandatory	Yes	Number	
Number of contract labourers being proposed to engage on any one day during financial year - Transgender	Mandatory	Yes	Number	
Total Contract Labour Proposed	Mandatory	Yes	Number Auto-Calculated	
Amount paid as Security Deposit	Mandatory	Yes	Number Auto-Calculated	
Amount paid as fees for licence	Mandatory	Yes	Number Auto-Calculated	

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remarks
Late Fees paid (If Applicable)	Non-Mandatory	Yes	Number Auto-Calculated	
Whether Licence was cancelled of applicant in Past?	Mandatory	Yes	Radio Button	
Previous Cancellation Details	Conditional	Yes	Long Text	
Present Status of Cancellation	Conditional	Yes	Long Text	
Any court case pending with reference to Cancellation?	Mandatory	Yes	Radio Button	
Give details and present status of case	Conditional	Yes	Long Text	
Whether Registration of principal employer was abolished in past? Or any abolition proposal is pending with Government?	Mandatory	Yes	Radio Button	
Details of Abolition/Action Taken	Conditional	Yes	Long Text	
Full postal address to which communication relating to the industrial premises should be sent	Mandatory	Yes	Long Text	Auto-fetch from the existing licence Issued; To be enabled for EDIT if Applicable
Licence Number Granted (If Any)	Non-Mandatory	Yes	Text	
Reference number of latest approved plan of industrial premises of Beedi and cigar manufacturing, by the designated officer of Labour Commissioner office	Mandatory	Yes	Text	
Date of latest approved plan of industrial premises of Beedi and cigar manufacturing, by the designated officer of Labour Commissioner office	Mandatory	Yes	Date	
Maximum number of employees proposed to be employed on any one day during the financial year commencing on - Male	Mandatory	Yes	Number	
Maximum number of employees proposed to be employed on any one day during the financial year commencing on - Female	Mandatory	Yes	Number	
Maximum number of employees proposed to be employed on any one day during the financial year commencing on - Others	Mandatory	Yes	Number	
Total Employees Proposed	Mandatory	Yes	Number Auto-Calculated	

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remarks
Whether the employer is a trademark holder registered under the Trade and merchandise Marks Act, 1958?	Mandatory	Yes	Radio Button	If Yes, then following field to be opened up; Auto-fetch from the existing licence Issued
Trademark Registration Details	Conditional	Yes	Text	Auto-fetch from the existing licence Issued; To be enabled for EDIT if Applicable
Value of beedies or cigars or both manufactured at the industrial premises during the preceding financial year ending on_____	Mandatory	Yes	Text	
Applicant's previous experience of the Beedi and cigar Industry?	Mandatory	Yes	Radio Button	
Whether the proposed site of the industrial premises amounts to the alteration of the site, of any existing industrial premises	Mandatory	Yes	Long Text	If Yes, then following field to be opened up; Auto-fetch from the existing licence Issued
and if so the reasons for such alterations	Conditional	Yes	Long Text	Auto-fetch from the existing licence Issued; To be enabled for EDIT if Applicable
Whether any industrial premises was closed by the applicant during the last 12 months?	Mandatory	Yes	Radio Button	If Yes, then following field to be opened up; Auto-fetch from the existing licence Issued
Brief Closure Reasons	Conditional	Yes	Long Text	Auto-fetch from the existing licence Issued; To be enabled for EDIT if Applicable
Source of obtaining Tobacco	Mandatory	Yes	Long Text	
Whether the beedi or cigar or both manufactured by the applicant, will be sold and marked by himself or through a any other registered user of trademark or any other person	Mandatory	Yes	Radio Button	If Others, then following field to be opened up; Auto-fetch from the existing licence Issued
Please specify Details	Conditional	Yes	Long Text	Auto-fetch from the existing licence Issued; To be enabled for EDIT if Applicable
Amount of fees paid	Mandatory	Yes	Number	
Applicant Name	Mandatory	Yes	Text	Auto-fetch from MAITRI Profile

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remarks
Designation	Mandatory	Yes	Text	
Place	Mandatory	No	Text	
E-Sign / Digital Signature	Mandatory	No	Digital Signature	
Declaration Acceptance: I hereby declare that the information, documents, and supporting records submitted by me are true, complete, and genuine to the best of my knowledge and belief. I confirm that no false, misleading, or fabricated information has been provided. I understand that if any information or document is found to be false, incorrect, misleading, misrepresenting or fraudulent at any stage, my application may be rejected or cancelled. If any information or documents provided is found to be false, I shall be liable for prosecution, penalties, or other actions under the Bharatiya Nyaya Sanhita (BNS), 2023, and any other applicable laws. I also undertake to comply with all applicable provisions of Labour Codes and labour laws to me and my establishment.	Mandatory	Yes	Checkbox	

Annexure A4: (6)

Amendment in Licence of Contractor (contract labour) and Industrial Premises (Beedi Cigar worker) under Occupational Safety, Health and Working Conditions Code, 2020

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remarks
Existing Licence Number	Mandatory	No	Text	Upon entering the Existing Licence number the prefilled Form to be populated and Applicant to be enabled with Edit options and submission of required documents
Category of Amendment Required: Change in Establishment Details Change in Employer Details Change in Contractor Details Change in Beedi & Cigar Details	Mandatory	No	Multi-Select Dropdown	
Name of Establishment	Mandatory	Yes	Long Text	Auto-fetch from the existing licence Issued; To be enabled for EDIT if Applicable
Name of Building	Mandatory	Yes	Long Text	
Street	Mandatory	Yes	Text	
Landmark	Mandatory	Yes	Text	
Locality/Ward	Mandatory	Yes	Text	
State	Mandatory	Yes	Dropdown	
District	Mandatory	Yes	Dropdown	
Taluka	Mandatory	Yes	Dropdown	
Pincode	Mandatory	Yes	Number	
Email ID of Establishment	Mandatory	Yes	Email	
Telephone Number	Non-Mandatory	Yes	Number	
Mobile Number	Mandatory	Yes	Mobile Number	
Activity as per National Industrial Classification: (Select all applicable activities given)	Mandatory	Yes	Dropdown	
Details of Selected NIC Code	Mandatory	Yes	Text	
Nature of Work carried out in Main Establishment	Mandatory	Yes	Long Text	

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remarks
Consumer Electricity Number	Non-Mandatory	Yes	Number	
Full Name of Employer	Mandatory	Yes	Long Text	Auto-fetch from the existing licence Issued; To be enabled for EDIT if Applicable
Relationship with Establishment	Mandatory	Yes	Long Text	
Full Address of Employer	Mandatory	Yes	Long Text	
Email ID of Employer	Mandatory	Yes	Email	
Mobile Number of Employer	Mandatory	Yes	Mobile Number	
Name of the Principal Employer	Mandatory	Yes	Long Text	Auto-fetch from the existing licence Issued; To be enabled for EDIT if Applicable
Address of the Principal Employer, where Contract labourers are being proposed to engage	Mandatory	Yes	Long Text	
Name of the representative of Principal Employer where the Contract Labourers are being proposed to engaged	Mandatory	Yes	Long Text	
Designation of the representative of Principal Employer where the Contract Labourers are being proposed to engaged	Mandatory	Yes	Text	
Licence Number (If any granted)	Mandatory	Yes	Text	
Nature of Work in which Contract Laboures are being proposed to engage	Mandatory	No	Dropdown	
Activity as per National Industrial Classification	Mandatory	Yes	Dropdown	Auto-fetch from the existing licence Issued; Multi-Select Dropdown for EDIT
Date of Commencement	Mandatory	Yes	Date	Auto-fetch from the existing licence Issued; To be enabled for EDIT if Applicable
Date of Completion	Mandatory	Yes	Date	
Number of contract labourers being proposed to engage on any one day during financial year - Male	Mandatory	Yes	Number	
Number of contract labourers being proposed to engage on any one day during financial year - Female	Mandatory	Yes	Number	
Number of contract labourers being proposed to engage on any one day during financial year - Transgender	Mandatory	Yes	Number	
Total Contract Labour Proposed	Mandatory	Yes	Number Auto-Calculated	

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remarks
Amount paid as Security Deposit	Mandatory	Yes	Number Auto-Calculated	
Amount paid as fees for licence	Mandatory	Yes	Number Auto-Calculated	
Late Fees paid (If Applicable)	Non-Mandatory	Yes	Number Auto-Calculated	
Whether Licence was cancelled of applicant in Past?	Mandatory	Yes	Radio Button	If Yes, then following two fields to be opened up; Auto-fetch from the existing licence Issued
Previous Cancellation Details	Conditional	Yes	Long Text	Auto-fetch from the existing licence Issued; To be enabled for EDIT if Applicable
Present Status of Cancellation	Conditional	Yes	Long Text	
Any court case pending with reference to Cancellation?	Mandatory	Yes	Radio Button	If Yes, then following field to be opened up; Auto-fetch from the existing licence Issued
Give details and present status of case	Conditional	Yes	Long Text	Auto-fetch from the existing licence Issued; To be enabled for EDIT if Applicable
Whether Registration of principal employer was abolished in past? Or any abolition proposal is pending with Government?	Mandatory	Yes	Radio Button	If Yes, then following field to be opened up; Auto-fetch from the existing licence Issued
Details of Abolition/Action Taken	Conditional	Yes	Long Text	Auto-fetch from the existing licence Issued; To be enabled for EDIT if Applicable
Full postal address to which communication relating to the industrial premises should be sent	Mandatory	Yes	Long Text	Auto-fetch from the existing licence Issued; To be enabled for EDIT if Applicable
Licence Number Granted (If Any)	Non-Mandatory	Yes	Text	

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remarks
Reference number of latest approved plan of industrial premises of Beedi and cigar manufacturing, by the designated officer of Labour Commissioner office	Mandatory	Yes	Text	
Date of latest approved plan of industrial premises of Beedi and cigar manufacturing, by the designated officer of Labour Commissioner office	Mandatory	Yes	Date	
Maximum number of employees proposed to be employed on any one day during the financial year commencing on - Male	Mandatory	Yes	Number	
Maximum number of employees proposed to be employed on any one day during the financial year commencing on - Female	Mandatory	Yes	Number	
Maximum number of employees proposed to be employed on any one day during the financial year commencing on - Others	Mandatory	Yes	Number	
Total Employees Proposed	Mandatory	Yes	Number Auto-Calculated	
Whether the employer is a trade mark holder registered under the Trade and merchandise Marks Act, 1958?	Mandatory	Yes	Radio Button	If Yes, then following field to be opened up; Auto-fetch from the existing licence Issued
Trademark Registration Details	Conditional	Yes	Text	Auto-fetch from the existing licence Issued; To be enabled for EDIT if Applicable
Value of beedies or cigars or both manufactured at the industrial premises during the preceding financial year ending on_____	Mandatory	Yes	Text	
Applicant's previous experience of the Beedi and cigar Industry?	Mandatory	Yes	Radio Button	
Whether the proposed site of the industrial premises amounts to the alteration of the site, of any existing industrial premises	Mandatory	Yes	Long Text	If Yes, then following field to be opened up; Auto-fetch from the existing licence Issued
and if so the reasons for such alterations	Conditional	Yes	Long Text	Auto-fetch from the existing licence Issued; To be enabled for EDIT if Applicable

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remarks
Whether any industrial premises was closed by the applicant during the last 12 months?	Mandatory	Yes	Radio Button	If Yes, then following field to be opened up; Auto-fetch from the existing licence Issued
Brief Closure Reasons	Conditional	Yes	Long Text	Auto-fetch from the existing licence Issued; To be enabled for EDIT if Applicable
Source of obtaining Tobacco	Mandatory	Yes	Long Text	
Whether the beedi or cigar or both manufactured by the applicant, will be sold and marked by himself or through any other registered user of trade mark or any other person	Mandatory	Yes	Radio Button	If Others, then following field to be opened up; Auto-fetch from the existing licence Issued
Please specify Details	Conditional	Yes	Long Text	Auto-fetch from the existing licence Issued; To be enabled for EDIT if Applicable
Amount of fees paid	Mandatory	Yes	Number	
Applicant Name	Mandatory	Yes	Text	Auto-fetch from MAITRI Profile
Designation	Mandatory	Yes	Text	
Place	Mandatory	No	Text	
E-Sign / Digital Signature	Mandatory	No	Digital Signature	
Declaration Acceptance: I hereby declare that the information, documents, and supporting records submitted by me are true, complete, and genuine to the best of my knowledge and belief. I confirm that no false, misleading, or fabricated information has been provided. I understand that if any information or document is found to be false, incorrect, misleading, misrepresenting or fraudulent at any stage, my application may be rejected or cancelled. If any information or documents provided is found to be false, I shall be liable for prosecution, penalties, or other actions under the Bharatiya Nyaya Sanhita (BNS), 2023, and any other applicable laws. I also undertake to comply with all applicable provisions of Labour Codes and labour laws to me and my establishment.	Mandatory	Yes	Checkbox	

Annexure A4: (7)

Registration of Establishment (factory and other ports) under Occupational Safety, Health and Working Conditions Code, 2020

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remarks
Labour Identification Number (LIN)	Non-Mandatory	No	Text	Proposed Integration with Shram Suvidha Portal to retrieve Establishment details
Name of Establishment	Mandatory	Yes	Long Text	Auto-fetch from MAITRI Profile
Full Name of Factory	Mandatory	Yes	Long Text	
Name of Building	Mandatory	Yes	Long Text	
Street	Mandatory	Yes	Text	
Landmark	Mandatory	Yes	Text	
Locality/Ward	Mandatory	Yes	Text	
State	Mandatory	Yes	Dropdown	
District	Mandatory	Yes	Dropdown	
Taluka	Mandatory	Yes	Dropdown	
Pincode	Mandatory	Yes	Number	
Mobile No.	Mandatory	Yes	Number	
E-Mail	Mandatory	Yes	Email	
PAN	Mandatory	Yes	Text	
Total Number of employees engaged directly in the establishment	Mandatory	Yes	Number	
Total Number of the contract employees engaged	Mandatory	Yes	Number	
Total Number of Inter-State Migrant workers employed	Mandatory	Yes	Number	
Type of Manufacturing	Mandatory	No	Dropdown	
Plan approval details (if applicable)	Mandatory	No	Long Text	For Existing - pull from LMS after data migration
Maximum number of workers to be employed on any day	Mandatory	No	Number	

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remarks
Ownership Type/Sector: 1. Proprietary 2. Partnership 3. Private Limited Company 4. Public Limited Company 5. Government / Public Sector Undertaking 6. Co-operative 7. Joint Sector	Mandatory	No	Dropdown	
Activity as per National Industrial Classification	Mandatory	No	Dropdown	
Details of Selected NIC Code	Mandatory	No	Text	
Type of Factory	Mandatory	No	Dropdown	
Class of Factory	Mandatory	No	Dropdown	
Maximum number of workers to be employed on any one day during the year - Male	Mandatory	No	Number	
Maximum number of workers to be employed on any one day during the year - Female	Mandatory	No	Number	
Maximum number of workers to be employed on any one day during the year - Transgender	Mandatory	No	Number	
Total Number of Workers	Mandatory	Yes	Number Auto-Calculated	
Installed power **capacity** in H.P / M.W.	Mandatory	No	Text	
Consumer Electricity Number	Mandatory	No	Number	Proposed API Integration for CA number.
IGR Registration Number	Mandatory	No	Long Text	Proposed Integration with IGR System.
MIDC Land Parcel Number	Non-Mandatory	No	Long Text	Proposed Integration with MIDC system. Request submitted to EIT&AI Department

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remarks
Name of Employer/Occupier etc.	Mandatory	No	Long Text	Proposed Integration with Aadhar
Address of Employer/Occupier etc.	Mandatory	No	Long Text	Proposed Integration with Aadhar
Designation: 1. Director 2. Partner 3. Proprietor 4. Person appointed in case of Central/State Government or Local Body	Mandatory	No	Dropdown	
Father's/ Husband's Name of the Employer/Occupier	Mandatory	No	Long Text	Proposed Integration with Aadhar
Email Address	Mandatory	No	Email	
Telephone Number	Non-Mandatory	No	Number	
Mobile Number	Mandatory	No	Mobile Number	Proposed Integration with Aadhar
Identification of the establishment e-sign / Digital Sign Of Employer / Representative	Mandatory	No	Digital Signature	Aadhar OTP Based Signature; Proposed Integration with Aadhar
Full name of Manager	Mandatory	No	Long Text	Proposed Integration with Aadhar
Address of Manager	Mandatory	No	Long Text	Proposed Integration with Aadhar
Email Address	Mandatory	No	Email	
Telephone Number	Non-Mandatory	No	Number	
Mobile Number	Mandatory	No	Mobile Number	Proposed Integration with Aadhar
Identification of the establishment e-sign / Digital Sign of Manager	Mandatory	No	Digital Signature	Aadhar OTP Based Signature; Proposed Integration with Aadhar

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remarks
Registration Fee	Mandatory	Yes	Number Auto-Calculated	Auto Calculated as per number of workers
Applicant Name	Mandatory	Yes	Text	Auto-fetch from MAITRI Profile
Designation	Mandatory	Yes	Text	
Place	Mandatory	No	Text	
E-Sign / Digital Signature	Mandatory	No	Digital Signature	
Declaration Acceptance: I hereby declare that the information, documents, and supporting records submitted by me are true, complete, and genuine to the best of my knowledge and belief. I confirm that no false, misleading, or fabricated information has been provided. I understand that if any information or document is found to be false, incorrect, misleading, misrepresenting or fraudulent at any stage, my application may be rejected or cancelled. If any information or documents provided is found to be false, I shall be liable for prosecution, penalties, or other actions under the Bharatiya Nyaya Sanhita (BNS), 2023, and any other applicable laws. I also undertake to comply with all applicable provisions of Labour Codes and labour laws to me and my establishment.	Mandatory	No	Checkbox	

Annexure A4: (8)

Amendment of registration of factory and other ports under Occupational Safety, Health and Working Conditions Code, 2020

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remarks
Existing Registration Number	Mandatory	No	Text	
Category of Amendment Required: Change in Establishment Details Change in Employer/ Occupier Details Change in Manager Details	Mandatory	No	Multi-Select Dropdown	
Labour Identification Number (LIN)	Non-Mandatory	Yes	Text	Auto-fetch from registration certificate issued
Name of Establishment	Mandatory	Yes	Long Text	Auto-fetch from registration certificate issued. Edit option will be activated if this service is selected from dropdown
Full Name of Factory	Mandatory	Yes	Long Text	
Name of Building	Mandatory	Yes	Text	
Street	Mandatory	Yes	Text	
Landmark	Mandatory	Yes	Text	
Locality/Ward	Mandatory	Yes	Text	
State	Mandatory	Yes	Dropdown	
District	Mandatory	Yes	Dropdown	
Taluka	Mandatory	Yes	Dropdown	
Pincode	Mandatory	Yes	Number	
Mobile No.	Mandatory	Yes	Mobile Number	
E-Mail	Mandatory	Yes	Email	
PAN	Mandatory	Yes	Text	
Total Number of employees engaged directly in the establishment	Mandatory	Yes	Number	
Total Number of the contract employees engaged	Mandatory	Yes	Number	
Total Number of Inter-State Migrant workers employed	Mandatory	Yes	Number	
Type of Manufacturing	Mandatory	Yes	Long Text	
Plan approval details (if applicable)	Mandatory	Yes	Long Text	
Maximum number of workers to be employed on any day	Mandatory	Yes	Number	

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remarks
Ownership Type/Sector: 1. Proprietary 2. Partnership 3. Private Limited Company 4. Public Limited Company 5. Government / Public Sector Undertaking 6. Co-operative 7. Joint Sector	Mandatory	Yes	Dropdown	
Activity as per National Industrial Classification	Mandatory	Yes	Dropdown	
Details of Selected NIC Code	Mandatory	Yes	Text	
Type of Factory	Mandatory	Yes	Text	
Class of Factory	Mandatory	Yes	Text	
Maximum number of workers to be employed on any one day during the year - Male	Mandatory	Yes	Number	
Maximum number of workers to be employed on any one day during the year - Female	Mandatory	Yes	Number	
Maximum number of workers to be employed on any one day during the year - Transgender	Mandatory	Yes	Number	
Total Number of Workers	Mandatory	Yes	Number Auto-Calculated	
Installed power **capacity** in H.P / M.W.	Mandatory	Yes	Text	
Consumer Electricity Number	Mandatory	Yes	Number	
IGR Registration Number	Mandatory	Yes	Long Text	
MIDC Land Parcel Number	Mandatory	Yes	Long Text	
Name of Employer/Occupier etc.	Mandatory	Yes	Long Text	Auto-fetch from registration certificate issued.
Address of Employer/Occupier etc.	Mandatory	Yes	Long Text	

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remarks
Designation: 1. Director 2. Partner 3. Proprietor 4. Person appointed in case of Central/State Government or Local Body	Mandatory	Yes	Dropdown	Edit option will be activated if this service is selected from dropdown
Father's/ Husband's Name of the Employer/Occupier	Mandatory	Yes	Text	
Email Address	Mandatory	Yes	Email	
Telephone Number	Non-Mandatory	Yes	Number	
Mobile Number	Mandatory	Yes	Mobile Number	
Identification of the establishment e-sign / Digital Sign Of Employer / Representative	Mandatory	Yes	Digital Signature	
Full name of Manager	Mandatory	Yes	Long Text	Auto-fetch from registration certificate issued. Edit option will be activated if this service is selected from dropdown
Address of Manager	Mandatory	Yes	Long Text	
Email Address	Mandatory	Yes	Email	
Telephone Number	Non-Mandatory	Yes	Number	
Mobile Number	Mandatory	Yes	Mobile Number	
Identification of the establishment e-sign / Digital Sign Of Manager	Mandatory	Yes	Digital Signature	
Fee	Mandatory	Yes	Number Auto-Calculated	Auto Calculated as per change in number of workers and HP
Applicant Name	Mandatory	Yes	Text	Auto-fetch from MAITRI
Designation	Mandatory	Yes	Text	
Place	Mandatory	No	Text	
E-Sign / Digital Signature	Mandatory	No	Digital Signature	
Declaration Acceptance: I hereby declare that the information, documents, and supporting records submitted by me are true, complete, and genuine to the best of my knowledge and belief. I confirm that no false, misleading, or fabricated information has been provided. I understand that if any information or document is found to be false, incorrect, misleading, misrepresenting or fraudulent at any stage, my	Mandatory	No	Checkbox	

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remarks
application may be rejected or cancelled. If any information or documents provided is found to be false, I shall be liable for prosecution, penalties, or other actions under the Bharatiya Nyaya Sanhita (BNS), 2023, and any other applicable laws. I also undertake to comply with all applicable provisions of Labour Codes and labour laws to me and my establishment.				

Annexure A4: (9)

Cancellation of Registration of factory and other ports under Occupational Safety, Health and Working Conditions Code, 2020

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remarks
Registration Number of Establishment	Mandatory	No	Text	
Full address to which communication relating to the establishment to be sent	Mandatory	Yes	Long Text	Auto-fetch from Registration Form
Name and Address of Establishment	Mandatory	Yes	Long Text	
Nature of work of the establishment	Mandatory	Yes	Long Text	
Consumer Electricity Number	Mandatory	Yes	Number	
IGR Registration Number	Mandatory	Yes	Long Text	
Name and Designation of employer	Mandatory	Yes	Long Text	Auto-fetch from Registration Form
/We here by intimate that the establishment having registration No. ……(Auto Fill)…….. Dated……(Auto Fill)……. is closed with effect from…… (Date).	Mandatory	Partial	Text	
I/we hereby certify that the payment of all dues to the workers employed in the establishment having registration no. __(Auto Fill)__ Dated_____ has been made.	Mandatory	Partial	Text	
I/we hereby certify that the establishment having registration no. ___(Auto Fill)_ Dated_(Auto Fill)_____ kept free from storage of hazardous chemicals and substances.	Mandatory	Partial	Text	
Applicant Name	Mandatory	Yes	Text	Auto-fetch from MAITRI
Designation	Mandatory	Yes	Text	
Place	Mandatory	No	Text	
E-Sign / Digital Signature	Mandatory	No	Digital Signature	
Declaration Acceptance: I hereby declare that the information, documents, and supporting records submitted by me are true, complete, and genuine to the best of my knowledge and belief. I confirm that no false, misleading, or fabricated information has been provided. I understand that if any information or document is found to be false, incorrect, misleading, misrepresenting or fraudulent at any stage, my application may be rejected or cancelled. If any information or documents provided is found to be false, I shall be liable for prosecution, penalties, or other actions under the Bharatiya Nyaya Sanhita (BNS), 2023, and any	Mandatory	No	Checkbox	

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remarks
other applicable laws. I also undertake to comply with all applicable provisions of Labour Codes and labour laws to me and my establishment.				

Annexure A4: (10)

Grant of licence for factory under Occupational Safety, Health and Working Conditions Code, 2020

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remarks
Plan Approval Reference Number	Non-Mandatory	No	Text	Retrieve all the details from plan application if provided (Plan approval service)
Full Name of Factory	Mandatory	Yes	Long Text	Pre-fetched from plan application
Name of Building	Mandatory	Yes	Long Text	
Street	Mandatory	Yes	Text	
Landmark	Mandatory	Yes	Text	
Locality/Ward	Mandatory	Yes	Text	
State	Mandatory	Yes	Dropdown	
District	Mandatory	Yes	Dropdown	
Taluka	Mandatory	Yes	Dropdown	
Pincode	Mandatory	Yes	Number	
Phone Number	Mandatory	Yes	Number	
Mobile No.	Mandatory	Yes	Mobile Number	
E-Mail	Mandatory	Yes	Email	
Class of Factory	Mandatory	Yes	Text	
Plan Approval Date	Mandatory	Yes	Date	
The period for which licence or renewal of licence is applied for (not exceeding ten years)	Mandatory	Yes	Number	
Maximum number of workers to be employed on any one day during the year - Male	Mandatory	Yes	Number	
Maximum number of workers to be employed on any one day during the year - Female	Mandatory	Yes	Number	
Maximum number of workers to be employed on any one day during the year - Transgender	Mandatory	Yes	Number	

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remarks
Total Workers	Mandatory	Yes	Number Auto-Calculated	
Installed power **Capacity** in H.P / M.W.	Mandatory	Yes	Text	
Consumer Electricity Number	Mandatory	Yes	Number	Pre-fetch from factory registration
IGR Registration Number	Mandatory	Yes	Long Text	
MIDC Land Parcel Number	Non-Mandatory	Yes	Long Text	
Full Name of Occupier	Mandatory	Yes	Long Text	Pre-fetched from plan application
Designation (Director/Partner/Proprietor/Person appointed in case of Central/State Government or Local Body)	Mandatory	Yes	Text	
Name of Building	Mandatory	Yes	Long Text	
Street	Mandatory	Yes	Text	
Landmark	Mandatory	Yes	Text	
Locality / Ward	Mandatory	Yes	Text	
State	Mandatory	Yes	Dropdown	
District	Mandatory	Yes	Dropdown	
Taluka	Mandatory	Yes	Dropdown	
Pincode	Mandatory	Yes	Number	
Date of Birth	Mandatory	Yes	Date	
Nationality	Mandatory	Yes	Text	
Mobile No	Mandatory	Yes	Mobile Number	
E-Mail	Mandatory	Yes	Email	
Digital signature of Occupier	Mandatory	No	Digital Signature	Aadhar OTP Based Signature; Proposed Integration with Aadhar
Full name of Manager	Non-Mandatory	Yes	Long Text	Pre-fetched from plan application
Name of Building	Non-Mandatory	Yes	Long Text	
Street	Non-Mandatory	Yes	Text	
Landmark	Non-Mandatory	Yes	Text	
Locality / Ward	Non-Mandatory	Yes	Text	
State	Non-Mandatory	Yes	Dropdown	

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remarks
District	Non-Mandatory	Yes	Dropdown	
Taluka	Non-Mandatory	Yes	Dropdown	
Pincode	Non-Mandatory	Yes	Number	
Date of Birth	Non-Mandatory	Yes	Date	
Nationality	Non-Mandatory	Yes	Text	
Mobile No	Non-Mandatory	Yes	Mobile Number	
E-Mail	Non-Mandatory	Yes	Email	
Digital signature of Manager	Non-Mandatory	No	Digital Signature	Aadhar OTP Based Signature; Proposed Integration with Aadhar
Fee	Mandatory	Yes	Number Auto-Calculated	Auto Calculated as per number of workers and HP
Applicant Name	Mandatory	Yes	Text	Auto-fetch from MAITRI Profile
Designation	Mandatory	Yes	Text	
Place	Mandatory	No	Text	
E-Sign / Digital Signature	Mandatory	No	Digital Signature	
Declaration Acceptance: I hereby declare that the information, documents, and supporting records submitted by me are true, complete, and genuine to the best of my knowledge and belief. I confirm that no false, misleading, or fabricated information has been provided. I understand that if any information or document is found to be false, incorrect, misleading, misrepresenting or fraudulent at any stage, my application may be rejected or cancelled. If any information or documents provided is found to be false, I shall be liable for prosecution, penalties, or other actions under the Bharatiya Nyaya Sanhita (BNS), 2023, and any other applicable laws. I also undertake to comply with all applicable provisions of Labour Codes and labour laws to me and my establishment.	Mandatory	Yes	Checkbox	

Annexure A4: (11)

Renewal of licence for factory Under Occupational Safety, Health and Working Conditions Code, 2020

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remarks
Existing Licence Number	Mandatory	No	Text	Upon entering the Existing Licence number the prefilled Form to be populated and Applicant to be enabled with Edit options and submission of required documents
Change in Period of Licence	Mandatory	No	Radio Button	
Full Name of Factory	Mandatory	Yes	Long Text	Auto-fetch from the existing licence Issued
Name of Building	Mandatory	Yes	Long Text	
Street	Mandatory	Yes	Text	
Landmark	Mandatory	Yes	Text	
Locality/Ward	Mandatory	Yes	Text	
State	Mandatory	Yes	Dropdown	
District	Mandatory	Yes	Dropdown	
Taluka	Mandatory	Yes	Dropdown	
Pincode	Mandatory	Yes	Number	
Phone Number	Mandatory	Yes	Number	
Mobile No.	Mandatory	Yes	Mobile Number	
E-Mail	Mandatory	Yes	Email	
Class of Factory	Mandatory	Yes	Text	
Plan Approval Reference Number	Mandatory	Yes	Text	
Plan Approval Date	Mandatory	Yes	Date	
The period for which licence or renewal of licence is applied for (not exceeding ten years)	Mandatory	Yes	Number	
Maximum number of workers to be employed on any one day during the year - Male	Mandatory	Yes	Number	

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remarks
Maximum number of workers to be employed on any one day during the year - Female	Mandatory	Yes	Number	
Maximum number of workers to be employed on any one day during the year - Transgender	Mandatory	Yes	Number	
Total Workers	Mandatory	Yes	Number Auto-Calculated	
Installed power **Capacity** in H.P / M.W.	Mandatory	Yes	Text	
Consumer Electricity Number	Mandatory	Yes	Number	
IGR Registration Number	Mandatory	Yes	Long Text	
MIDC Land Parcel Number	Non-Mandatory	Yes	Long Text	
Full Name of Occupier	Mandatory	Yes	Long Text	Auto-fetch from the existing licence Issued
Designation (Director/Partner/Proprietor/Person appointed in case of Central/State Government or Local Body)	Mandatory	Yes	Text	
Name of Building	Mandatory	Yes	Text	Auto-fetch from the existing licence Issued; Editable
Street	Mandatory	Yes	Text	
Landmark	Mandatory	Yes	Text	
Locality / Ward	Mandatory	Yes	Text	
State	Mandatory	Yes	Dropdown	
District	Mandatory	Yes	Dropdown	
Taluka	Mandatory	Yes	Dropdown	
Pincode	Mandatory	Yes	Number	
Date of Birth	Mandatory	Yes	Date	Auto-fetch from the existing licence Issued
Nationality	Mandatory	Yes	Text	
Mobile No	Mandatory	Yes	Mobile Number	Auto-fetch from the existing licence Issued; Editable
E-Mail	Mandatory	Yes	Email	
Digital signature of Occupier	Mandatory	No	Digital Signature	Aadhar OTP Based Signature; Proposed Integration with Aadhar
Full name of Manager	Non-Mandatory	Yes	Long Text	Auto-fetch from the existing licence Issued

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remarks
Name of Building	Non-Mandatory	Yes	Long Text	Auto-fetch from the existing licence Issued; Editable
Street	Non-Mandatory	Yes	Text	
Landmark	Non-Mandatory	Yes	Text	
Locality / Ward	Non-Mandatory	Yes	Text	
State	Non-Mandatory	Yes	Dropdown	
District	Non-Mandatory	Yes	Dropdown	
Taluka	Non-Mandatory	Yes	Dropdown	
Pincode	Non-Mandatory	Yes	Number	
Date of Birth	Non-Mandatory	Yes	Date	Auto-fetch from the existing licence Issued
Nationality	Non-Mandatory	Yes	Text	
Mobile No	Non-Mandatory	Yes	Mobile Number	Auto-fetch from the existing licence Issued; Editable
E-Mail	Non-Mandatory	Yes	Email	
Digital signature of Manager	Non-Mandatory	No	Digital Signature	Aadhar OTP Based Signature; Proposed Integration with Aadhar
Fee	Mandatory	Yes	Number Auto-Calculated	Auto Calculated as per number of workers and HP
Applicant Name	Mandatory	Yes	Text	Auto-fetch from the existing licence Issued
Designation	Mandatory	Yes	Text	
Place	Mandatory	No	Text	
E-Sign / Digital Signature	Mandatory	No	Digital Signature	
Declaration Acceptance: I hereby declare that the information, documents, and supporting records submitted by me are true, complete, and genuine to the best of my knowledge and belief. I confirm that no false, misleading, or fabricated information has been provided. I understand that if any information or document is found to be false, incorrect, misleading, misrepresenting or fraudulent at any stage, my application may be rejected or cancelled. If any information or documents provided is found to be false, I shall be liable for prosecution, penalties, or other actions under the Bharatiya Nyaya Sanhita (BNS), 2023, and any	Mandatory	No	Checkbox	

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remarks
other applicable laws. I also undertake to comply with all applicable provisions of Labour Codes and labour laws to me and my establishment.				

Annexure A4: (12)

Amendment of licence for factory under Occupational Safety, Health and Working Conditions Code, 2020

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remarks
Existing Licence Number	Mandatory	No	Text	Upon entering the Existing Licence number the prefilled Form to be populated and Applicant to be enabled with Edit options and submission of required documents
Category of Amendment Required: Change in Factory Details Change in Occupier Details Change in Manager Details Change in number of workers and HP	Mandatory	No	Multi-Select Dropdown	
Full Name of Factory	Mandatory	Yes	Long Text	Auto-fetch from the existing licence Issued; To be enabled for EDIT if Applicable
Name of Building	Mandatory	Yes	Long Text	
Street	Mandatory	Yes	Text	
Landmark	Mandatory	Yes	Text	
Locality/Ward	Mandatory	Yes	Text	
State	Mandatory	Yes	Dropdown	
District	Mandatory	Yes	Dropdown	
Taluka	Mandatory	Yes	Dropdown	
Pincode	Mandatory	Yes	Number	
Phone Number	Mandatory	Yes	Number	
Mobile No.	Mandatory	Yes	Mobile Number	
E-Mail	Mandatory	Yes	Email	
Latitude	Mandatory	Yes	Text	
Longitude	Mandatory	Yes	Text	
Class of Factory	Mandatory	Yes	Text	
Plan Approval Reference Number	Mandatory	Yes	Text	
Plan Approval Date	Mandatory	Yes	Date	

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remarks
The period for which licence or renewal of licence is applied for (not exceeding ten years)	Mandatory	Yes	Number	
Maximum number of workers to be employed on any one day during the year - Male	Mandatory	Yes	Number	
Maximum number of workers to be employed on any one day during the year - Female	Mandatory	Yes	Number	
Maximum number of workers to be employed on any one day during the year - Transgender	Mandatory	Yes	Number	
Total Workers	Mandatory	Yes	Number Auto-Calculated	
Installed power **Capacity** in H.P / M.W.	Mandatory	Yes	Text	
Consumer Electricity Number	Mandatory	Yes	Number	
IGR Registration Number	Mandatory	Yes	Long Text	
MIDC Land Parcel Number	Non-Mandatory	Yes	Long Text	
Full Name of Occupier	Mandatory	Yes	Long Text	Auto-fetch from the existing licence Issued; To be enabled for EDIT if Applicable
Designation (Director/Partner/Proprietor/Person appointed in case of Central/State Government or Local Body)	Mandatory	Yes	Long Text	
Name of Building	Mandatory	Yes	Long Text	
Street	Mandatory	Yes	Text	
Landmark	Mandatory	Yes	Text	
Locality / Ward	Mandatory	Yes	Text	
State	Mandatory	Yes	Dropdown	
District	Mandatory	Yes	Dropdown	
Taluka	Mandatory	Yes	Dropdown	
Pincode	Mandatory	Yes	Number	
Date of Birth	Mandatory	Yes	Date	
Nationality	Mandatory	Yes	Text	
Mobile No	Mandatory	Yes	Mobile Number	
E-Mail	Mandatory	Yes	Email	
Digital signature of Occupier	Mandatory	Yes	Digital Signature	

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remarks
Full name of Manager	Non-Mandatory	Yes	Long Text	Auto-fetch from the existing licence Issued; To be enabled for EDIT if Applicable
Name of Building	Non-Mandatory	Yes	Long Text	
Street	Non-Mandatory	Yes	Text	
Landmark	Non-Mandatory	Yes	Text	
Locality / Ward	Non-Mandatory	Yes	Text	
State	Non-Mandatory	Yes	Dropdown	
District	Non-Mandatory	Yes	Dropdown	
Taluka	Non-Mandatory	Yes	Dropdown	
Pincode	Non-Mandatory	Yes	Number	
Date of Birth	Non-Mandatory	Yes	Date	
Nationality	Non-Mandatory	Yes	Text	
Mobile No	Non-Mandatory	Yes	Mobile Number	
E-Mail	Non-Mandatory	Yes	Email	
Digital signature of Manager	Non-Mandatory	Yes	Digital Signature	
Fee	Mandatory	Yes	Number Auto-Calculated	Auto Calculated as per number of workers and HP
Applicant Name	Mandatory	Yes	Text	Auto-fetch from the existing licence Issued
Designation	Mandatory	Yes	Text	
Place	Mandatory	No	Text	
E-Sign / Digital Signature	Mandatory	No	Digital Signature	
Declaration Acceptance: I hereby declare that the information, documents, and supporting records submitted by me are true, complete, and genuine to the best of my knowledge and belief. I confirm that no false, misleading, or fabricated information has been provided. I understand that if any information or document is found to be false, incorrect, misleading, misrepresenting or fraudulent at any stage, my application may be rejected or cancelled. If any information or documents provided is found to be false, I shall be liable for prosecution, penalties, or other actions under the Bharatiya Nyaya Sanhita (BNS), 2023, and any	Mandatory	No	Checkbox	

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remarks
other applicable laws. I also undertake to comply with all applicable provisions of Labour Codes and labour laws to me and my establishment.				

Annexure A4: (13)

Approval of plan (Factory) under Occupational Safety, Health and Working Conditions Code, 2020

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remarks
Factory Registration Number	Mandatory	No	Text	Upon entering the Existing Licence number the prefilled Form to be populated and Applicant to be enabled with Edit options and submission of required documents
Full Name of Factory	Mandatory	Yes	Long Text	
Name of Building	Mandatory	Yes	Long Text	Auto-fetch from the existing licence Issued; To be enabled for EDIT if Applicable
Street	Mandatory	Yes	Text	
Landmark	Mandatory	Yes	Text	
Locality/Ward	Mandatory	Yes	Text	
State	Mandatory	Yes	Dropdown	
District	Mandatory	Yes	Dropdown	
Taluka	Mandatory	Yes	Dropdown	
Pincode	Mandatory	Yes	Number	
Mobile No.	Mandatory	Yes	Mobile Number	
E-Mail	Mandatory	Yes	Email	
Type of Factory	Mandatory	Yes	Text	
Class of Factory	Mandatory	Yes	Text	
Maximum number of workers to be employed on any one day during the year - Male	Mandatory	Yes	Number	
Maximum number of workers to be employed on any one day during the year - Female	Mandatory	Yes	Number	
Maximum number of workers to be employed on any one day during the year - Transgender	Mandatory	Yes	Number	
Total Number of Workers	Mandatory	Yes	Number Auto-Calculated	
Installed power in H.P / M.W.	Mandatory	No	Text	

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remarks
Full Name of Occupier	Mandatory	Yes	Long Text	
Designation (Director/Partner/Proprietor/Person appointed in case of Central/State Government or Local Body)	Mandatory	Yes	Long Text	
Name of Building	Mandatory	Yes	Long Text	
Street	Mandatory	Yes	Text	
Landmark	Mandatory	Yes	Text	
Locality / Ward	Mandatory	Yes	Text	
State	Mandatory	Yes	Dropdown	
District	Mandatory	Yes	Dropdown	
Taluka	Mandatory	Yes	Dropdown	
Pincode	Mandatory	Yes	Number	
Date of Birth	Mandatory	Yes	Date	
Nationality	Mandatory	Yes	Text	
Mobile No	Mandatory	Yes	Mobile Number	
E-Mail	Mandatory	Yes	Email	
Full name of Manager	Non-Mandatory	Yes	Long Text	
Name of Building	Non-Mandatory	Yes	Long Text	
Street	Non-Mandatory	Yes	Text	
Landmark	Non-Mandatory	Yes	Text	
Locality / Ward	Non-Mandatory	Yes	Text	
State	Non-Mandatory	Yes	Dropdown	
District	Non-Mandatory	Yes	Dropdown	
Taluka	Non-Mandatory	Yes	Dropdown	
Pincode	Non-Mandatory	Yes	Number	
Date of Birth	Non-Mandatory	Yes	Date	
Nationality	Non-Mandatory	Yes	Text	Auto-fetch from the existing licence Issued; To be enabled for EDIT if Applicable
Mobile No	Non-Mandatory	Yes	Mobile Number	
E-Mail	Non-Mandatory	Yes	Email	
Applicant Name	Mandatory	Yes	Text	

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remarks
Designation	Mandatory	Yes	Text	Auto-fetch from the existing licence Issued
Place	Mandatory	No	Text	
E-Sign / Digital Signature	Mandatory	No	Digital Signature	
Declaration Acceptance: I hereby declare that the information, documents, and supporting records submitted by me are true, complete, and genuine to the best of my knowledge and belief. I confirm that no false, misleading, or fabricated information has been provided. I understand that if any information or document is found to be false, incorrect, misleading, misrepresenting or fraudulent at any stage, my application may be rejected or cancelled. If any information or documents provided is found to be false, I shall be liable for prosecution, penalties, or other actions under the Bharatiya Nyaya Sanhita (BNS), 2023, and any other applicable laws. I also undertake to comply with all applicable provisions of Labour Codes and labour laws to me and my establishment.	Mandatory	No	Checkbox	

Annexure A4: (14)

Grant of Common Licence for Factory, Contractor (Contract Labour) and Industrial Premises (Beedi Cigar Work) under Occupational Safety, Health and Working Conditions Code, 2020

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remarks
Licence Type: Common Licence (Select Multiple Services) Single Service Licence (Select Only One Service)	Mandatory	No	Radio Button	
Already Register under labour law?	Mandatory	No	Radio Button	If Yes, then following field will be enabled
Upload Registration Proof (PDF)	Mandatory	No	Document Upload	Upload functionality
Has the establishment already commenced operations?	Mandatory	No	Radio Button	If Yes, then following field will be enabled
Date of Commencement of Operations	Mandatory	No	Date	
Applicable Service Component(s): Factory Licence (DOSH) Contractor (Contract Labour) Industrial Premises (Beedi & Cigar)	Mandatory	No	Multi-Select Dropdown	
LIN (Labour Identification Number)	Non-Mandatory	No	Text	
LIN Registration Date	Non-Mandatory	No	Date	
Name of Establishment:	Mandatory	Yes	Long Text	Auto-fetch from MAITRI Profile
Name of Building	Mandatory	Yes	Long Text	
Street	Mandatory	Yes	Text	
Landmark	Mandatory	Yes	Text	
Locality/ Ward	Mandatory	Yes	Text	
State	Mandatory	Yes	Dropdown	
District	Mandatory	Yes	Dropdown	
Taluka	Mandatory	Yes	Dropdown	
Pincode	Mandatory	Yes	Number	
Mobile Number:	Mandatory	Yes	Mobile Number	
Email ID	Mandatory	Yes	Email	

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remarks
PAN Card Number of Organization	Mandatory	Yes	Text	
Nature of work carried on in main establishment:	Mandatory	Yes	Long Text	
Full Name of Employer:	Mandatory	Yes	Long Text	Auto-fetch from MAITRI Profile
Designation	Mandatory	Yes	Text	
Relationship with establishment.	Mandatory	Yes	Text	
Full address of Employer:	Mandatory	Yes	Long Text	
Email Id of employer:	Mandatory	Yes	Email	
Mobile No. of employer:	Mandatory	No	Mobile Number	To be filled as if applicable Basis
Full Name of Factory	Mandatory	Yes	Long Text	Pre-fetched from plan application
Name of Building	Mandatory	Yes	Long Text	
Street	Mandatory	Yes	Text	
Landmark	Mandatory	Yes	Text	
Locality/Ward	Mandatory	Yes	Text	
State	Mandatory	Yes	Dropdown	
District	Mandatory	Yes	Dropdown	
Taluka	Mandatory	Yes	Dropdown	
Pincode	Mandatory	Yes	Number	
Phone Number	Non-Mandatory	Yes	Number	
Mobile No.	Mandatory	Yes	Mobile Number	
E-Mail	Mandatory	Yes	Email	
Class of Factory	Mandatory	Yes	Text	
Plan Approval Reference Number	Mandatory	Yes	Text	
Plan Approval Date	Mandatory	Yes	Date	
The period for which licence or renewal of licence is applied for (not exceeding ten years)	Mandatory	Yes	Number	
Maximum number of workers to be employed on any one day during the year - Male	Mandatory	Yes	Number	
Maximum number of workers to be employed on any one day during the year - Female	Mandatory	Yes	Number	

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remarks
Maximum number of workers to be employed on any one day during the year - Transgender	Mandatory	Yes	Number	
Total Workers	Mandatory	Yes	Number Auto-Calculated	
Installed power **Capacity** in H.P / M.W.	Mandatory	Yes	Text	
Consumer Electricity Number	Non-Mandatory	Yes	Number	Pre-fetched from factory registration
IGR Registration Number	Mandatory	Yes	Long Text	
MIDC Land Parcel Number	Non-Mandatory	Yes	Long Text	
Name of the Principal Employer	Mandatory	No	Long Text	To be enabled if Applicable
Address of the Principal Employer, where Contract labourers are being proposed to engage	Mandatory	No	Long Text	
Name of the representative of Principal Employer where the Contract Labourers are being proposed to engaged	Mandatory	No	Long Text	
Designation of the representative of Principal Employer where the Contract Labourers are being proposed to engaged	Mandatory	No	Text	
Nature of Work in which Contract Laboures are being proposed to engage	Mandatory	No	Dropdown	
Activity as per National Industrial Classification	Mandatory	No	Dropdown	
Date of Commencement	Mandatory	No	Date	
Date of Completion	Mandatory	No	Date	
Number of contract labourers being proposed to engage on any one day during financial year - Male	Mandatory	No	Number	
Number of contract labourers being proposed to engage on any one day during financial year - Female	Mandatory	No	Number	
Number of contract labourers being proposed to engage on any one day during financial year - Transgender	Mandatory	No	Number	
Total Contract Labour Proposed	Mandatory	Yes	Number Auto-Calculated	
Amount paid as Security Deposit	Mandatory	Yes	Number Auto-Calculated	

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remarks
Amount paid as fees for licence	Mandatory	Yes	Number Auto-Calculated	
Late Fees paid (If Applicable)	Non-Mandatory	Yes	Number Auto-Calculated	
Whether Licence was cancelled of applicant in Past?	Mandatory	No	Radio Button	If Yes, then following two fields to be opened up
Previous Cancellation Details	Conditional	No	Long Text	To be enabled if Applicable
Present Status of Cancellation	Conditional	No	Long Text	
Any court case pending with reference to Cancellation?	Mandatory	No	Radio Button	If Yes, then following field to be opened up
Give details and present status of case	Conditional	No	Long Text	To be enabled if Applicable
Whether Registration of principal employer was abolished in past? Or any abolition proposal is pending with Government?	Mandatory	No	Radio Button	If Yes, then following field to be opened up
Details of Abolition/Action Taken	Conditional	No	Long Text	To be enabled if Applicable
Full postal address to which communication relating to the industrial premises should be sent	Mandatory	No	Long Text	To be enabled if Applicable
Reference number of latest approved plan of industrial premises of Beedi and cigar manufacturing, by the designated officer of Labour Commissioner office	Mandatory	No	Text	
Date of latest approved plan of industrial premises of Beedi and cigar manufacturing, by the designated officer of Labour Commissioner office	Mandatory	No	Date	
Maximum number of employees proposed to be employed on any one day during the financial year commencing on - Male	Mandatory	No	Number	
Maximum number of employees proposed to be employed on any one day during the financial year commencing on - Female	Mandatory	No	Number	
Maximum number of employees proposed to be employed on any one day during the financial year commencing on - Transgender	Mandatory	No	Number	
Total Employees Proposed	Mandatory	Yes	Number Auto-Calculated	

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remarks
Whether the employer is a trademark holder registered under the Trade and merchandise Marks Act, 1958?	Mandatory	No	Radio Button	If Yes, then following field to be opened up
Trademark Registration Details	Conditional	No	Text	To be enabled if Applicable
Value of beedies or cigars or both manufactured at industrial premises during the preceding financial year ending on_____	Mandatory	No	Text	
Applicant's previous experience of the Beedi and cigar Industry?	Mandatory	No	Radio Button	
Whether the proposed site of the industrial premises amounts to the alteration of the site, of any existing industrial premises	Mandatory	No	Long Text	If Yes, then following field to be opened up
and if so the reasons for such alterations	Conditional	No	Long Text	To be enabled if Applicable
Whether any industrial premises was closed by the applicant during the last 12 months?	Mandatory	No	Radio Button	If Yes, then following field to be opened up
Brief Closure Reasons	Conditional	No	Long Text	To be enabled if Applicable
Source of obtaining Tobacco	Mandatory	No	Long Text	
Whether the beedi or cigar or both manufactured by the applicant, will be sold and marked by himself or through a any other registered user of trademark or any other person	Mandatory	No	Radio Button	If Others, then following field to be opened up
Please specify Details	Conditional	No	Long Text	To be enabled if Applicable
Amount of fees paid	Mandatory	No	Number	
Applicant Name	Mandatory	Yes	Text	Auto-fetch from MAITRI Profile
Designation	Mandatory	Yes	Text	
Place	Mandatory	No	Text	
E-Sign / Digital Signature	Mandatory	No	Digital Signature	Auto-fetch from MAITRI Profile
Declaration Acceptance: I hereby declare that the information, documents, and supporting records submitted by me are true, complete, and genuine to the best of my knowledge and belief. I confirm that no false, misleading, or fabricated information has been provided. I understand that if any information or document is found to be false, incorrect, misleading, misrepresenting or fraudulent at any stage, my application may be rejected or cancelled. If any information or documents provided is found to be false, I shall be liable for prosecution, penalties, or	Mandatory	No	Checkbox	

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remarks
other actions under the Bharatiya Nyaya Sanhita (BNS), 2023, and any other applicable laws. I also undertake to comply with all applicable provisions of Labour Codes and labour laws to me and my establishment.				

Annexure A4: (15)

Renewal of Common Licence for Factory, Contractor (Contract Labour) and Industrial Premises (Beedi Cigar Work) under Occupational Safety, Health and Working Conditions Code, 2020

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remarks
Existing Licence Number	Mandatory	No	Text	Upon entering the Existing Licence number the prefilled Form to be populated and Applicant to be enabled with Edit options and submission of required documents
Category of Renewal (Change) Required: Change in Period of Licence Change in Beedi & Cigar Details	Mandatory	No	Multi-Select Dropdown	
LIN (Labour Identification Number)	Non-Mandatory	Yes	Text	Auto-fetch from the existing licence Issued
LIN Registration Date	Non-Mandatory	Yes	Date	
Name of Establishment:	Mandatory	Yes	Long Text	Auto-fetch from the existing licence Issued; To be enabled for EDIT if Applicable
Name of Building	Mandatory	Yes	Long Text	
Street	Mandatory	Yes	Text	
Landmark	Mandatory	Yes	Text	
Locality/ Ward	Mandatory	Yes	Text	
State	Mandatory	Yes	Dropdown	
District	Mandatory	Yes	Dropdown	
Taluka	Mandatory	Yes	Dropdown	
Pincode	Mandatory	Yes	Number	
Mobile Number:	Mandatory	Yes	Mobile Number	
Email ID	Mandatory	Yes	Email	
PAN Card Number of Organization	Mandatory	Yes	Text	
Nature of work carried on in main establishment:	Mandatory	Yes	Long Text	
Full Name of Employer:	Mandatory	Yes	Long Text	Auto-fetch from the existing licence Issued; To be enabled for EDIT if Applicable
Designation	Mandatory	Yes	Text	
Relationship with establishment.	Mandatory	Yes	Text	

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remarks
Full address of Employer:	Mandatory	Yes	Long Text	
Email Id of employer	Mandatory	Yes	Email	
Mobile No. of employer	Mandatory	No	Mobile Number	
Full Name of Factory	Mandatory	Yes	Long Text	Auto-fetch from the existing licence Issued
Name of Building	Mandatory	Yes	Long Text	
Street	Mandatory	Yes	Text	
Landmark	Mandatory	Yes	Text	
Locality/Ward	Mandatory	Yes	Text	
State	Mandatory	Yes	Dropdown	
District	Mandatory	Yes	Dropdown	
Taluka	Mandatory	Yes	Dropdown	
Pincode	Mandatory	Yes	Number	
Phone Number	Non-Mandatory	Yes	Number	
Mobile No.	Mandatory	Yes	Mobile Number	
E-Mail	Mandatory	Yes	Email	
Class of Factory	Mandatory	Yes	Text	
Plan Approval Reference Number	Mandatory	Yes	Text	
Plan Approval Date	Mandatory	Yes	Date	
The period for which licence or renewal of licence is applied for (not exceeding ten years)	Mandatory	Yes	Number	
Maximum number of workers to be employed on any one day during the year - Male	Mandatory	Yes	Number	
Maximum number of workers to be employed on any one day during the year - Female	Mandatory	Yes	Number	
Maximum number of workers to be employed on any one day during the year - Transgender	Mandatory	Yes	Number	
Total Workers	Mandatory	Yes	Number Auto-Calculated	
Installed power **Capacity** in H.P / M.W.	Mandatory	Yes	Text	

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remarks
Consumer Electricity Number	Mandatory	Yes	Number	Pre-fetched from recent licence
IGR Registration Number	Mandatory	Yes	Long Text	
MIDC Land Parcel Number	Non-Mandatory	Yes	Long Text	
Name of the Principal Employer	Mandatory	Yes	Long Text	Auto-fetch from the existing licence Issued
Address of the Principal Employer, where Contract labourers are being proposed to engage	Mandatory	Yes	Long Text	
Name of the representative of Principal Employer where the Contract Labourers are being proposed to engaged	Mandatory	Yes	Long Text	
Designation of the representative of Principal Employer where the Contract Labourers are being proposed to engaged	Mandatory	Yes	Text	
Licence Number (If any granted)	Mandatory	Yes	Text	
Nature of Work in which Contract Laboures are being proposed to engage	Mandatory	No	Dropdown	
Activity as per National Industrial Classification	Mandatory	Yes	Dropdown	
Date of Commencement	Mandatory	Yes	Date	Auto-fetch from the existing licence Issued; To be enabled for EDIT if Applicable
Date of Completion	Mandatory	Yes	Date	
Number of contract labourers being proposed to engage on any one day during financial year - Male	Mandatory	Yes	Number	Auto-fetch from the existing licence Issued
Number of contract labourers being proposed to engage on any one day during financial year - Female	Mandatory	Yes	Number	
Number of contract labourers being proposed to engage on any one day during financial year - Transgender	Mandatory	Yes	Number	
Total Contract Labour Proposed	Mandatory	Yes	Number Auto-Calculated	
Amount paid as Security Deposit	Mandatory	Yes	Number Auto-Calculated	
Amount paid as fees for licence	Mandatory	Yes	Number Auto-Calculated	

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remarks
Late Fees paid (If Applicable)	Non-Mandatory	Yes	Number Auto-Calculated	
Whether Licence was cancelled of applicant in Past?	Mandatory	Yes	Radio Button	
Previous Cancellation Details	Conditional	Yes	Long Text	
Present Status of Cancellation	Conditional	Yes	Long Text	
Any court case pending with reference to Cancellation?	Mandatory	Yes	Radio Button	
Give details and present status of case	Conditional	Yes	Long Text	
Whether Registration of principal employer was abolished in past? Or any abolition proposal is pending with Government?	Mandatory	Yes	Radio Button	
Details of Abolition/Action Taken	Conditional	Yes	Long Text	
Full postal address to which communication relating to the industrial premises should be sent	Mandatory	Yes	Long Text	Auto-fetch from the existing licence Issued; To be enabled for EDIT if Applicable
Licence Number Granted (If Any)	Mandatory	Yes	Text	
Reference number of latest approved plan of industrial premises of Beedi and cigar manufacturing, by the designated officer of Labour Commissioner office	Mandatory	Yes	Text	
Date of latest approved plan of industrial premises of Beedi and cigar manufacturing, by the designated officer of Labour Commissioner office	Mandatory	Yes	Date	
Maximum number of employees proposed to be employed on any one day during the financial year commencing on - Male	Mandatory	Yes	Number	
Maximum number of employees proposed to be employed on any one day during the financial year commencing on - Female	Mandatory	Yes	Number	
Maximum number of employees proposed to be employed on any one day during the financial year commencing on - Others	Mandatory	Yes	Number	
Total Employees Proposed	Mandatory	Yes	Number Auto-Calculated	

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remarks
Whether the employer is a trademark holder registered under the Trade and merchandise Marks Act, 1958?	Mandatory	Yes	Radio Button	If Yes, then following field to be opened up; Auto-fetch from the existing licence Issued
Trademark Registration Details	Conditional	Yes	Text	Auto-fetch from the existing licence Issued; To be enabled for EDIT if Applicable
Value of beedies or cigars or both manufactured at the industrial premises during the preceding financial year ending on_____	Mandatory	Yes	Text	
Applicant's previous experience of the Beedi and cigar Industry?	Mandatory	Yes	Radio Button	
Whether the proposed site of the industrial premises amounts to the alteration of the site, of any existing industrial premises	Mandatory	Yes	Long Text	If Yes, then following field to be opened up; Auto-fetch from the existing licence Issued
and if so the reasons for such alterations	Conditional	Yes	Long Text	Auto-fetch from the existing licence Issued; To be enabled for EDIT if Applicable
Whether any industrial premises was closed by the applicant during the last 12 months?	Mandatory	Yes	Radio Button	If Yes, then following field to be opened up; Auto-fetch from the existing licence Issued
Brief Closure Reasons	Conditional	Yes	Long Text	Auto-fetch from the existing licence Issued; To be enabled for EDIT if Applicable
Source of obtaining Tobacco	Mandatory	Yes	Long Text	
Whether the beedi or cigar or both manufactured by the applicant, will be sold and marked by himself or through a any other registered user of trademark or any other person	Mandatory	Yes	Radio Button	If Others, then following field to be opened up; Auto-fetch from the existing licence Issued
Please specify Details	Conditional	Yes	Long Text	Auto-fetch from the existing licence Issued; To be enabled for EDIT if Applicable
Amount of fees paid	Mandatory	Yes	Number	
Applicant Name	Mandatory	Yes	Text	

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remarks
Designation	Mandatory	Yes	Text	Auto-fetch from the existing licence Issued
Place	Mandatory	No	Text	
E-Sign / Digital Signature	Mandatory	No	Digital Signature	Auto-fetch from the existing licence Issued
Declaration Acceptance: I hereby declare that the information, documents, and supporting records submitted by me are true, complete, and genuine to the best of my knowledge and belief. I confirm that no false, misleading, or fabricated information has been provided. I understand that if any information or document is found to be false, incorrect, misleading, misrepresenting or fraudulent at any stage, my application may be rejected or cancelled. If any information or documents provided is found to be false, I shall be liable for prosecution, penalties, or other actions under the Bharatiya Nyaya Sanhita (BNS), 2023, and any other applicable laws. I also undertake to comply with all applicable provisions of Labour Codes and labour laws to me and my establishment.	Mandatory	No	Checkbox	

Annexure A4: (16)

Amendment in Common Licence for Factory, Contractor (Contract Labour) and Industrial Premises (Beedi Cigar Work) under Occupational Safety, Health and Working Conditions Code, 2020

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remarks
Existing Licence Number	Mandatory	No	Text	Upon entering the Existing Licence number the prefilled Form to be populated and Applicant to be enabled with Edit options and submission of required documents
Category of Amendment Required: Change in Factory Details Change in Occupier Details Change in Manager Details Change in number of workers and HP Change in Establishment Details Change in Employer Details Change in Contractor Details Change in Beedi & Cigar Details	Mandatory	No	Multi-Select Dropdown	
LIN (Labour Identification Number)	Non-Mandatory	Yes	Text	Auto-fetch from the existing licence Issued
LIN Registration Date	Non-Mandatory	Yes	Date	
Name of Establishment:	Mandatory	Yes	Long Text	Auto-fetch from the existing licence Issued; To be enabled for EDIT if Applicable
Name of Building	Mandatory	Yes	Long Text	
Street	Mandatory	Yes	Text	
Landmark	Mandatory	Yes	Text	
Locality/ Ward	Mandatory	Yes	Text	
State	Mandatory	Yes	Dropdown	
District	Mandatory	Yes	Dropdown	
Taluka	Mandatory	Yes	Dropdown	
Pincode	Mandatory	Yes	Number	
Mobile Number:	Mandatory	Yes	Mobile Number	
Email ID	Mandatory	Yes	Email	

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remarks
PAN Card Number of Organization	Mandatory	Yes	Text	
Nature of work carried on in main establishment:	Mandatory	Yes	Long Text	
Full Name of Employer:	Mandatory	Yes	Long Text	Auto-fetch from the existing licence Issued; To be enabled for EDIT if Applicable
Designation	Mandatory	Yes	Text	
Relationship with establishment.	Mandatory	Yes	Text	
Full address of Employer:	Mandatory	Yes	Long Text	
Email Id of employer:	Mandatory	Yes	Email	
Mobile No. of employer:	Mandatory	No	Mobile Number	
Full Name of Factory	Mandatory	Yes	Long Text	Auto-fetch from the existing licence Issued; To be enabled for EDIT if Applicable
Name of Building	Mandatory	Yes	Long Text	
Street	Mandatory	Yes	Text	
Landmark	Mandatory	Yes	Text	
Locality/Ward	Mandatory	Yes	Text	
State	Mandatory	Yes	Dropdown	
District	Mandatory	Yes	Dropdown	
Taluka	Mandatory	Yes	Dropdown	
Pincode	Mandatory	Yes	Number	
Phone Number	Non-Mandatory	Yes	Number	
Mobile No.	Mandatory	Yes	Mobile Number	
E-Mail	Mandatory	Yes	Email	
Class of Factory	Mandatory	Yes	Text	
Plan Approval Reference Number	Mandatory	Yes	Text	
Plan Approval Date	Mandatory	Yes	Date	
The period for which licence or renewal of licence is applied for (not exceeding ten years)	Mandatory	Yes	Number	
Maximum number of workers to be employed on any one day during the year - Male	Mandatory	Yes	Number	
Maximum number of workers to be employed on any one day during the year - Female	Mandatory	Yes	Number	

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remarks
Maximum number of workers to be employed on any one day during the year - Transgender	Mandatory	Yes	Number	
Total Workers	Mandatory	Yes	Number Auto-Calculated	
Installed power **Capacity** in H.P / M.W.	Mandatory	Yes	Text	
Consumer Electricity Number	Mandatory	Yes	Number	Pre-fetched from recent licence
IGR Registration Number	Mandatory	Yes	Long Text	
MIDC Land Parcel Number	Non-Mandatory	Yes	Long Text	
Name of the Principal Employer	Mandatory	Yes	Long Text	Auto-fetch from the existing licence Issued; To be enabled for EDIT if Applicable
Address of the Principal Employer, where Contract labourers are being proposed to engage	Mandatory	Yes	Long Text	
Name of the representative of Principal Employer where the Contract Labourers are being proposed to engaged	Mandatory	Yes	Long Text	
Designation of the representative of Principal Employer where the Contract Labourers are being proposed to engaged	Mandatory	Yes	Text	
Licence Number (If any granted)	Mandatory	Yes	Text	
Nature of Work in which Contract Laboures are being proposed to engage	Mandatory	No	Dropdown	
Activity as per National Industrial Classification	Mandatory	Yes	Dropdown	Auto-fetch from the existing licence Issued; Multi-Select Dropdown for EDIT
Date of Commencement	Mandatory	Yes	Date	Auto-fetch from the existing licence Issued; To be enabled for EDIT if Applicable
Date of Completion	Mandatory	Yes	Date	
Number of contract labourers being proposed to engage on any one day during financial year - Male	Mandatory	Yes	Number	
Number of contract labourers being proposed to engage on any one day during financial year - Female	Mandatory	Yes	Number	
Number of contract labourers being proposed to engage on any one day during financial year - Transgender	Mandatory	Yes	Number	
Total Contract Labour Proposed	Mandatory	Yes	Number Auto-Calculated	

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remarks
Amount paid as Security Deposit	Mandatory	Yes	Number Auto-Calculated	
Amount paid as fees for licence	Mandatory	Yes	Number Auto-Calculated	
Late Fees paid (If Applicable)	Non-Mandatory	Yes	Number Auto-Calculated	
Whether Licence was cancelled of applicant in Past?	Mandatory	Yes	Radio Button	If Yes, then following two fields to be opened up; Auto-fetch from the existing licence Issued
Previous Cancellation Details	Conditional	Yes	Long Text	Auto-fetch from the existing licence Issued; To be enabled for EDIT if Applicable
Present Status of Cancellation	Conditional	Yes	Long Text	
Any court case pending with reference to Cancellation?	Mandatory	Yes	Radio Button	If Yes, then following fields to be opened up; Auto-fetch from the existing licence Issued
Give details and present status of case	Conditional	Yes	Long Text	Auto-fetch from the existing licence Issued; To be enabled for EDIT if Applicable
Whether Registration of principal employer was abolished in past? Or any abolition proposal is pending with Government?	Mandatory	Yes	Radio Button	If Yes, then following field to be opened up; Auto-fetch from the existing licence Issued
Details of Abolition/Action Taken	Conditional	Yes	Long Text	Auto-fetch from the existing licence Issued; To be enabled for EDIT if Applicable
Full postal address to which communication relating to the industrial premises should be sent	Mandatory	Yes	Long Text	Auto-fetch from the existing licence Issued; To be enabled for EDIT if Applicable
Licence Number Granted (If Any)	Mandatory	Yes	Text	
Reference number of latest approved plan of industrial premises of Beedi and cigar manufacturing, by the designated officer of Labour Commissioner office	Mandatory	Yes	Text	
Date of latest approved plan of industrial premises of Beedi and cigar manufacturing, by the designated officer of Labour Commissioner office	Mandatory	Yes	Date	

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remarks
Maximum number of employees proposed to be employed on any one day during the financial year commencing on - Male	Mandatory	Yes	Number	
Maximum number of employees proposed to be employed on any one day during the financial year commencing on - Female	Mandatory	Yes	Number	
Maximum number of employees proposed to be employed on any one day during the financial year commencing on - Others	Mandatory	Yes	Number	
Total Employees Proposed	Mandatory	Yes	Number Auto-Calculated	
Whether the employer is a trademark holder registered under the Trade and merchandise Marks Act, 1958?	Mandatory	Yes	Radio Button	If Yes, then following field to be opened up; Auto-fetch from the existing licence Issued
Trademark Registration Details	Conditional	Yes	Text	Auto-fetch from the existing licence Issued; To be enabled for EDIT if Applicable
Value of beedies or cigars or both manufactured at the industrial premises during the preceding financial year ending on_____	Mandatory	Yes	Text	
Applicant's previous experience of the Beedi and cigar Industry?	Mandatory	Yes	Radio Button	
Whether the proposed site of the industrial premises amounts to the alteration of the site, of any existing industrial premises	Mandatory	Yes	Long Text	If Yes, then following field to be opened up; Auto-fetch from the existing licence Issued
and if so the reasons for such alterations	Conditional	Yes	Long Text	Auto-fetch from the existing licence Issued; To be enabled for EDIT if Applicable
Whether any industrial premises was closed by the applicant during the last 12 months?	Mandatory	Yes	Radio Button	If Yes, then following field to be opened up; Auto-fetch from the existing licence Issued
Brief Closure Reasons	Conditional	Yes	Long Text	Auto-fetch from the existing licence Issued; To be enabled for EDIT if Applicable
Source of obtaining Tobacco	Mandatory	Yes	Long Text	
Whether the beedi or cigar or both manufactured by the applicant, will be sold and marked by himself or through a any other registered user of trade mark or any other person	Mandatory	Yes	Radio Button	If Others, then following field to be opened up; Auto-fetch from the existing licence Issued

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remarks
Please specify Details	Conditional	Yes	Long Text	Auto-fetch from the existing licence Issued; To be enabled for EDIT if Applicable
Amount of fees paid	Mandatory	Yes	Number	
Applicant Name	Mandatory	Yes	Text	Auto-fetch from the existing licence Issued
Designation	Mandatory	Yes	Text	
Place	Mandatory	No	Text	
E-Sign / Digital Signature	Mandatory	No	Digital Signature	Auto-fetch from the existing licence Issued
Declaration Acceptance: I hereby declare that the information, documents, and supporting records submitted by me are true, complete, and genuine to the best of my knowledge and belief. I confirm that no false, misleading, or fabricated information has been provided. I understand that if any information or document is found to be false, incorrect, misleading, misrepresenting or fraudulent at any stage, my application may be rejected or cancelled. If any information or documents provided is found to be false, I shall be liable for prosecution, penalties, or other actions under the Bharatiya Nyaya Sanhita (BNS), 2023, and any other applicable laws. I also undertake to comply with all applicable provisions of Labour Codes and labour laws to me and my establishment.	Mandatory	No	Checkbox	

Annexure A4: (17)

Registration of Boilers & Economisers

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remarks
Boiler manufactured under Directorate of Steam Boilers Maharashtra State?	Mandatory	No	Radio Button	Yes / No radio button provided, if No - details of Inspecting Authority to be provided.
Division	Mandatory	Yes	Text	Proposed auto fetch from the Factory Unit and CAF data of Maitri
District	Mandatory	Yes	Text	Proposed auto fetch from the Factory Unit and CAF data of Maitri
Office	Mandatory	Yes	Text	Proposed auto fetch from the Factory Unit and CAF data of Maitri
Name	Mandatory	Yes	Text	Proposed auto fetch from Maitri Business Profile / Factory Unit
Latitude	Mandatory	No	Text	For mapping GIS data
Longitude	Mandatory	No	Text	For mapping GIS data
Full Postal Address House Number	Mandatory	Yes	Text	Proposed auto fetch from Maitri Business Profile / Factory Unit
Street Name	Mandatory	Yes	Text	Proposed auto fetch from Maitri Business Profile / Factory Unit
Landmark	Mandatory	Yes	Text	Proposed auto fetch from Maitri Business Profile / Factory Unit
City / Village	Mandatory	Yes	Email	Proposed auto fetch from Maitri Business Profile / Factory Unit
Pincode	Mandatory	Yes	Number	Proposed auto fetch from Maitri Business Profile / Factory Unit
Email ID	Non-Mandatory	Yes	Number	Proposed auto fetch from Maitri Business Profile / Factory Unit
Mobile Number	Mandatory	Yes	Number	Proposed auto fetch from Maitri Business Profile / Factory Unit

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remarks
Aadhar No.	Mandatory	No	Number	Basic information required to fetch the data.
Full Name	Mandatory	Yes	Text	Proposed integration with UIDAI
Designation	Mandatory	No	Text	Basic information required
Building Name	Mandatory	Yes	Text	Proposed integration with UIDAI
Street	Mandatory	Yes	Text	Proposed integration with UIDAI
Landmark	Mandatory	Yes	Text	Proposed integration with UIDAI
Locality	Mandatory	Yes	Text	Proposed integration with UIDAI
State	Mandatory	Yes	Text	Proposed integration with UIDAI
District	Mandatory	Yes	Text	Proposed integration with UIDAI
Taluka	Mandatory	Yes	Text	Proposed integration with UIDAI
Email ID	Mandatory	No	Email	Basic information required
Pincode	Mandatory	Yes	Number	Basic information required
Mobile Number	Mandatory	No	Number	Basic information required
MahaID / Aadhar No.	Mandatory	No	Number	Basic information required to fetch the data
Full Name	Mandatory	Yes	Text	Proposed integration with UIDAI
Designation	Mandatory	No	Text	Basic information required
Email ID	Mandatory	No	Text	Basic information required
Mobile Number	Mandatory	No	Number	Basic information required
Boiler/Economiser Sub Type	Mandatory	No	Dropdown	For Smoke Tube, Composite, Water Tube, Waste Heat Recovery
Maker Number	Mandatory	No	String	Basic information required
Maker Name	Mandatory	No	Text	Basic information required
Year of Make	Mandatory	No	Number	Basic information required
Fuel	Mandatory	No	Dropdown	For Types of Fuel
Intended Working Pressure (Kg. per sq.cm)	Mandatory	No	Text	Basic information required
Evaporation Capacity (Kg. per hr.)	Mandatory	No	Text	Basic information required
Heating Surface Area (sq.mtr.)	Mandatory	No	Text	Basic information required
Hydraulic Test Pressure (Kg. per sq.cm)	Mandatory	No	Text	Basic information required

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remarks
Is Boiler Small Industrial (SIB with water holding capacity upto 500 litres)? YES/NO	Mandatory	No	Text	Radio button provided for calculation of fees for inspection
Tentative Inspection Date	Mandatory	No	Date	Basic information required
Name of Pipe Fabricator	Mandatory	No	Text	Basic information required & Added to comply with 100 reform action plan
Address of Pipe Fabricator	Mandatory	No	Text	Basic information required & Added to comply with 100 reform action plan
Name of Boiler Erector	Mandatory	No	Text	Required to capture details of boiler erector
Aadhar based E-sign	Mandatory	No	Number	E-Sign of responsible person to submit the online application.
Declaration Acceptance: I hereby declare that the information, documents, and supporting records submitted by me are true, complete, and genuine to the best of my knowledge and belief. I confirm that no false, misleading, or fabricated information has been provided. I understand that if any information or document is found to be false, incorrect, misleading, misrepresenting or fraudulent at any stage, my application may be rejected or cancelled. If any information or documents provided is found to be false, I shall be liable for prosecution, penalties, or other actions under the Bharatiya Nyaya Sanhita (BNS), 2023, and any other applicable laws. I also undertake to comply with all applicable provisions of Boilers Act, 2025, Indian Boiler Regulations 2026 and rules framed thereunder, to me and my establishment.	Mandatory	No	Checkbox	

Annexure A4: (18)

Renewal of Certificate for Boilers & Economisers

Renewal of Boiler/ Economiser Certificate (Boiler Rating <250)				
Field Name	**Mandatory Status**	**Auto-Fetched**	**Field Type**	**Remarks**
Boiler Registration Number	Mandatory	No	Text	Call data of boiler from database
Full Name	Mandatory	Yes	Text	Auto-fetch from MAITRI database
Firm Full Address	Mandatory	Yes	Text	Auto-fetch from MAITRI database
Maker Number	Mandatory	Yes	Text	Auto-fetch from MAITRI database
Maker's Name	Mandatory	Yes	Text	Auto-fetch from MAITRI database
Boiler/Economiser Type	Mandatory	Yes	Text	Auto-fetch from MAITRI database
Boiler/Economiser Sub Type	Mandatory	Yes	Text	Auto-fetch from MAITRI database
Fuel Used	Mandatory	Yes	Text	Auto-fetch from MAITRI database
Intended Working Pressure (Kg. per sq. cm.)	Mandatory	Yes	Text	Auto-fetch from MAITRI database
Heating Surface Area (sq.mtr.)	Mandatory	Yes	Text	Auto-fetch from MAITRI database
Hydraulic test pressure(Kg. per sq.cm.)	Mandatory	Yes	Text	Auto-fetch from MAITRI database
Division	Mandatory	Yes	Text	Auto-fetch from MAITRI database
District	Mandatory	Yes	Text	Auto-fetch from MAITRI database
Office	Mandatory	Yes	Text	Auto-fetch from MAITRI database
State	Mandatory	Yes	Text	Auto-fetch from MAITRI database
Village / Municipality	Mandatory	No	Text	Basic information required
MahaID / Aadhar Number	Mandatory	No	Number	Proposed integration with UIDAI
Responsible Person's Name	Mandatory	Yes	Text	Proposed integration with UIDAI
Email ID	Mandatory	No	Email	Basic information required
Mobile Number	Mandatory	No	Number	Basic information required
Apply For	Mandatory	No	Dropdown	For Certificate, 1st PO, 2nd PO, U/R 376, Steam Test
Visit Type	Mandatory	No	Dropdown	For Regular, U/R 16, STC
Tentative Inspection Date	Mandatory		Date	
Declaration Acceptance:	Mandatory	No	Checkbox	

Renewal of Boiler/ Economiser Certificate (Boiler Rating <250)				
Field Name	**Mandatory Status**	**Auto-Fetched**	**Field Type**	**Remarks**
I hereby declare that the information, documents, and supporting records submitted by me are true, complete, and genuine to the best of my knowledge and belief. I confirm that no false, misleading, or fabricated information has been provided. I understand that if any information or document is found to be false, incorrect, misleading, misrepresenting or fraudulent at any stage, my application may be rejected or cancelled. If any information or documents provided is found to be false, I shall be liable for prosecution, penalties, or other actions under the Bharatiya Nyaya Sanhita (BNS), 2023, and any other applicable laws. I also undertake to comply with all applicable provisions of Boilers Act, 2025, Indian Boiler Regulations 2026 and rules framed thereunder, to me and my establishment.				

Renewal of Boiler/ Economiser Certificate (Boiler Rating >250)				
Field Name	**Mandatory Status**	**Auto-Fetched**	**Field Type**	**Remarks**
MahaID / Aadhar Number	Mandatory	No	Number	Proposed integration with UIDAI
Authorized/responsible persons Name	Mandatory	Yes	Text	Proposed integration with UIDAI
Email ID	Mandatory	No	Email	Basic information required
Mobile Number	Mandatory	No	Number	Basic information required
Apply For	Mandatory	No	Dropdown	For Certificate, 1st PO, 2nd PO, U/R 376, Steam Test
Visit Type	Mandatory	No	Dropdown	For Regular, U/R 16, STC
Tentative Inspection Date	Mandatory	No	Date	
Declaration Acceptance: I hereby declare that the information, documents, and supporting records submitted by me are true, complete, and genuine to the best of my knowledge	Mandatory	No	Checkbox	

Renewal of Boiler/ Economiser Certificate (Boiler Rating >250)				
Field Name	**Mandatory Status**	**Auto-Fetched**	**Field Type**	**Remarks**
and belief. I confirm that no false, misleading, or fabricated information has been provided. I understand that if any information or document is found to be false, incorrect, misleading, misrepresenting or fraudulent at any stage, my application may be rejected or cancelled. If any information or documents provided is found to be false, I shall be liable for prosecution, penalties, or other actions under the Bharatiya Nyaya Sanhita (BNS), 2023, and any other applicable laws. I also undertake to comply with all applicable provisions of Boilers Act, 2025, Indian Boiler Regulations 2026 and rules framed thereunder, to me and my establishment.				

Annexure A4: (19)

Approval as Boiler & Boiler component Manufacturer, Repairer, Pipe Fabricator, Erector etc.

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remarks
Apply For	Mandatory	No	Dropdown	For Approval & Renewal of Approval provided
Apply for Type	Mandatory	No	Multi-Select Dropdown	Dropdown for BM, BER, PF, HEM, PVM, PPM, SIBM, ER, EM Provided
Type of Class	Mandatory	No	Multi-Select Dropdown	Dropdown list provided for Special, Class I, Class II, Class III, Class IV
Division	Mandatory	Yes	Text	Proposed auto fetch from the Factory Unit and CAF data of Maitri
District	Mandatory	Yes	Text	Proposed auto fetch from the Factory Unit and CAF data of Maitri
Name of the Establishment	Mandatory	Yes	Text	Proposed auto fetch from the Factory Unit and CAF data of Maitri
Latitude	Mandatory	No	Text	
Longitude	Mandatory	No	Text	
House Number	Mandatory	Yes	Text	Proposed auto fetch from Maitri Business Profile / Factory Unit
Street Name	Mandatory	Yes	Text	Proposed auto fetch from Maitri Business Profile / Factory Unit
Landmark	Mandatory	Yes	Text	Proposed auto fetch from Maitri Business Profile / Factory Unit
City / Village	Mandatory	Yes	Text	Proposed auto fetch from Maitri Business Profile / Factory Unit
Pincode	Mandatory	Yes	Number	Proposed auto fetch from Maitri Business Profile / Factory Unit
Aadhar No.	Non-Mandatory	Yes	Number	Basic information required.
Full Name	Non-Mandatory	Yes	Text	Proposed integration with UIDAI
Designation	Non-Mandatory	No	Text	Basic information required
Email ID	Non-Mandatory	No	Email	Basic information required
Mobile Number	Non-Mandatory	No	Number	Basic information required
Year of Establishment	Mandatory	No	Number	Basic information required.
Nature of Business being carried out at present	Mandatory	No	Text	Basic information required.

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remarks
Type of Organization, whether proprietary, partnership, private ltd, public ltd, as case may be	Mandatory	Yes	Dropdown	For Ownership Type/Sector: 1. Proprietary 2. Partnership 3. Private Limited Company 4. Public Limited Company 5. Government / Public Sector Undertaking 6. Co-operative 7. Joint Sector
Whether Firm has ever been approved by any Boiler's Directorate/Inspect orate? If so give details such as Inspecting Authority, Date of Issue, Class of approval, validity	Mandatory	No	Text	Radio button provided. If yes, 1 field for giving details of Inspecting Authority, Date of Issue, Class of approval, validity will be asked.
Has your request for recognition/approve all under Indian Boiler Regulations, 1950 &Maharashtra Boilers Rule, 1962 been rejected by any Authority.	Mandatory	No	Text	Basic information required.
Whether firm has an internal quality control system of their own? If so, give details	Mandatory	No	Text	Basic information required.
Area available for Fabrication both covered/uncovered with map showing both plan and elevation details	Mandatory	No	Text	Basic information required.
NOC obtained from local Authority/MIDC to undertake manufacturing activity	Mandatory	No	Text	Basic information required. Proposed Integration with Maitri/MPCB/DOSH
Name	Mandatory	No	Text	Basic information required.
Designation	Mandatory	No	Text	Basic information required.
Qualification	Mandatory	No	Text	Basic information required.
Aadhar/ MahaID Details	Mandatory	No	Number	Basic information required.
Experience in Years	Mandatory	No	Number	Basic information required.
Experience in Months	Mandatory	No	Number	Basic information required.
Name of welder	Mandatory	No	Text	Basic information required.
Welder Certificate No.	Mandatory	No	Text	Basic information required.
Issued Date	Mandatory	No	Date	Basic information required.
Issued By	Mandatory	No	Text	Basic information required.

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remarks
Type of Welding Conversant with Material Grade	Mandatory	No	Text	
Aadhar/ MahaID Details	Mandatory	No	Number	
Experience in Years	Mandatory	No	Number	
Experience in Months	Mandatory	No	Number	
Number of qualified NDT Personals	Mandatory	No	Number	
Details of Testing facilities such as Hydraulic testing, material testing with capacity, NDT etc.	Mandatory	No	Text	Radio button provided. If yes, 1 field for giving details of Testing facilities will be asked.
Details Manufacturing Facilities	Mandatory	No	Text	Radio button provided. If yes, 1 field for giving details of Manufacturing facilities
Details of Design Facilities and its location	Mandatory	No	Text	Radio button provided. If yes, 1 field for giving details of Design facilities
Declaration Acceptance: I hereby declare that the information, documents, and supporting records submitted by me are true, complete, and genuine to the best of my knowledge and belief. I confirm that no false, misleading, or fabricated information has been provided. I understand that if any information or document is found to be false, incorrect, misleading, misrepresenting or fraudulent at any stage, my application may be rejected or cancelled. If any information or documents provided is found to be false, I shall be liable for prosecution, penalties, or other actions under the Bharatiya Nyaya Sanhita (BNS), 2023, and any other applicable laws. I also undertake to comply with all applicable provisions of Boilers Act, 2025, Indian Boiler Regulations 2026 and rules framed thereunder, to me and my establishment.	Mandatory	No	Checkbox	

Annexure A4: (20)

Renewal of Approval as Boiler & Boiler component Manufacturer, Repairer, Pipe Fabricator, Erector etc.

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remarks
Apply For	Mandatory	No	Dropdown	For Approval & Renewal of Approval provided
BM ID	Mandatory	No	Multi-Select Dropdown	After the Approval as Manufacturer, the BM ID is generated and communicated to user along with output letter.
Apply for Type	Mandatory	Yes	Multi-Select Dropdown	Auto fetch from previous application data.
Type of Class	Mandatory	Yes	Multi-Select Dropdown	Auto fetch from previous application data.
Division	Mandatory	Yes	Text	Auto fetch from previous application data.
District	Mandatory	Yes	Text	Auto fetch from previous application data.
Office Name	Non-Mandatory	Yes	Text	Auto Populated from Factory Unit.
Name of the Establishment	Mandatory	Yes	Text	Auto fetch from previous application data.
Latitude	Mandatory	Yes	Text	previous application data is fetched.
Longitude	Mandatory	Yes	Text	previous application data is fetched.
House Number	Mandatory	Yes	Text	previous application data is fetched.
Street Name	Mandatory	Yes	Text	previous application data is fetched.
Landmark	Mandatory	Yes	Text	previous application data is fetched.
City / Village	Mandatory	Yes	Text	previous application data is fetched.
Pincode	Mandatory	Yes	Number	previous application data is fetched.
Maha ID / Aadhar No.	Non-Mandatory	Yes	Number	previous application data is fetched.
Full Name	Non-Mandatory	Yes	Text	previous application data is fetched.
Designation	Non-Mandatory	No	Text	previous application data is fetched.
Email ID	Non-Mandatory	Yes	Email	previous application data is fetched.
Mobile Number	Non-Mandatory	Yes	Number	previous application data is fetched.
Year of Establishment	Mandatory	No	Number	Basic information required.
Nature of Business being carried out at present	Mandatory	No	Text	Basic information required.

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remarks
Type of Organization, whether proprietary, partnership, private ltd, public ltd, as case may be	Mandatory	Yes	Text	Ownership Type/Sector: Dropdown provided 1. Proprietary 2. Partnership 3. Private Limited Company 4. Public Limited Company 5. Government / Public Sector Undertaking 6. Co-operative 7. Joint Sector
Whether Firm has ever been approved by any Boiler's Directorate/Inspect orate? If so, give details such as Inspecting Authority, Date of Issue, Class of approval, validity	Mandatory	Yes	Text	Radio button provided. If yes, 1 field for giving details of Inspecting Authority, Date of Issue, Class of approval, validity will be asked.
Has your request for recognition/approval under Indian Boiler Regulations, 1950 &Maharashtra Boilers Rule, 1962 been rejected by any Authority.	Mandatory	Yes	Text	Basic information required.
Whether firm has an internal quality control system of their own? If so, give details	Mandatory	Yes	Text	Basic information required.
Area available for Fabrication both covered/uncovered with map showing both plan and elevation details	Mandatory	Yes	Text	Basic information required.
NOC obtained from local Authority/MIDC to undertake manufacturing activity	Mandatory	Yes	Text	Basic information required. Proposed Integration with Maitri/MPCB/DOSH
Name	Mandatory	Yes	Text	Basic information required.
Designation	Mandatory	Yes	Text	Basic information required.
Qualification	Mandatory	Yes	Text	Basic information required.
Aadhar/ MahaID Details	Mandatory	Yes	Number	Basic information required.
Experience in Years	Mandatory	Yes	Number	Basic information required.
Experience in Months	Mandatory	Yes	Number	Basic information required.

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remarks
Name	Mandatory	Yes	Text	Basic information required.
Welder Certificate No.	Mandatory	Yes	Text	Basic information required.
Issued Date	Mandatory	Yes	Date	Basic information required.
Issued By	Mandatory	Yes	Text	Basic information required.
Type of Welding Conversant with Material Grade	Mandatory	Yes	Text	
Aadhar/ MahaID Details	Mandatory	Yes	Number	
Experience in Years	Mandatory	Yes	Number	
Experience in Months	Mandatory	Yes	Number	
Number of qualified NDT Personals	Mandatory	Yes	Number	
Details of Testing facilities such as Hydraulic testing, material testing with capacity, NDT etc.	Mandatory	Yes	Text	Radio button provided. If yes, 1 field for giving details of Testing facilities will be asked.
Details Manufacturing Facilities	Mandatory	Yes	Text	Radio button provided. If yes, 1 field for giving details of Manufacturing facilities
Details of Design Facilities and its location	Mandatory	Yes	Text	Radio button provided. If yes, 1 field for giving details of Design facilities
Declaration Acceptance: I hereby declare that the information, documents, and supporting records submitted by me are true, complete, and genuine to the best of my knowledge and belief. I confirm that no false, misleading, or fabricated information has been provided. I understand that if any information or document is found to be false, incorrect, misleading, misrepresenting or fraudulent at any stage, my application may be rejected or cancelled. If any information or documents provided is found to be false, I shall be liable for prosecution, penalties, or other actions under the Bharatiya Nyaya Sanhita (BNS), 2023, and any other applicable laws. I also undertake to comply with all applicable provisions of Boilers Act, 2025, Indian	Mandatory	No	Checkbox	

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remarks
Boiler Regulations 2026 and rules framed thereunder, to me and my establishment.				

Annexure A4: (21)

Scrapping of Boilers/Economisers

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remarks
Registry Number	Mandatory	No	Text	Basic required field
Full Name	Mandatory	Yes	Text	Auto-fetched from Boiler Database.
Firm Full Address	Mandatory	Yes	Text	Auto-fetched from Boiler Database.
Boiler/Economiser Type	Mandatory	Yes	Text	Auto-fetched from Boiler Database.
Boiler/Economiser Sub Type	Mandatory	Yes	Text	Auto-fetched from Boiler Database.
Fuel Used	Mandatory	Yes	Text	Auto-fetched from Boiler Database.
Intended Working Pressure (Kg. per sq. cm.)	Mandatory	Yes	Text	Auto-fetched from Boiler Database.
Heating Surface Area (sq.mtr.)	Mandatory	Yes	Text	Auto-fetched from Boiler Database.
Hydraulic test pressure (Kg. per sq. cm.)	Mandatory	Yes	Text	Auto-fetched from Boiler Database.
Division	Mandatory	Yes	Text	To be Auto Populated from MAITRI Database
District	Mandatory	Yes	Text	To be Auto Populated from MAITRI Database
Office	Mandatory	Yes	Text	To be Auto Populated from MAITRI Database
Taluka	Mandatory	No	Text	To be Auto Populated from MAITRI Database
MahaID / Aadhar No.	Mandatory	No	Number	Basic information required to fetch the data
Full Name	Mandatory	Yes	Text	Proposed integration with UIDAI
Designation	Mandatory	No	Text	Basic information required
Building Name	Mandatory	Yes	Text	Proposed integration with UIDAI
Street	Mandatory	Yes	Text	Proposed integration with UIDAI
Landmark	Mandatory	Yes	Text	Proposed integration with UIDAI
Locality	Mandatory	Yes	Text	Proposed integration with UIDAI
State	Mandatory	Yes	Text	Proposed integration with UIDAI
District	Mandatory	Yes	Text	Proposed integration with UIDAI
Taluka	Mandatory	Yes	Text	Proposed integration with UIDAI
Email ID	Mandatory	No	Email	Basic information required
Pincode	Mandatory	No	Number	Basic information required
Mobile Number	Mandatory	No	Number	Basic information required

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remarks
MahaID / Aadhar Number	Mandatory	No	Number	Basic information required
Applicant Name	Mandatory	Yes	Text	Proposed integration with UIDAI
Designation	Mandatory	No	Text	
Email ID	Mandatory	No	Email	Basic information required
Mobile Number	Mandatory	No	Number	Basic information required
Tentative Inspection Date	Mandatory	No	Date	Basic information required
Declaration Acceptance: I hereby declare that the information, documents, and supporting records submitted by me are true, complete, and genuine to the best of my knowledge and belief. I confirm that no false, misleading, or fabricated information has been provided. I understand that if any information or document is found to be false, incorrect, misleading, misrepresenting or fraudulent at any stage, my application may be rejected or cancelled. If any information or documents provided is found to be false, I shall be liable for prosecution, penalties, or other actions under the Bharatiya Nyaya Sanhita (BNS), 2023, and any other applicable laws. I also undertake to comply with all applicable provisions of Boilers Act, 2025, Indian Boiler Regulations 2026 and rules framed thereunder, to me and my establishment.	Mandatory	No	Checkbox	

Annexure A4: (22)

Permission of Boiler/ Economisers Repairing

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remarks
MahaID / Aadhar No	Mandatory	No	Number	
Full Name	Mandatory	Yes	Text	Auto-fetch from MAITRI database.
Email ID	Mandatory	No	Email	Auto-fetch from MAITRI database.
Mobile Number	Mandatory	No	Number	Auto-fetch from MAITRI database.
Boiler No / Economiser No	Mandatory	No	Text	
Firm Name (As per last certificate)	Mandatory	No	Text	Auto Populated from system Database
Firm Address (As per last certificate)	Mandatory	No	Text	Auto Populated from system Database
Division	Mandatory	Yes	Text	Auto Populated from system Database
District	Mandatory	Yes	Text	Auto Populated from system Database
Office	Mandatory	Yes	Text	Auto Populated from system Database
BMMS ID	Mandatory	No	String	
Approval / Renewal issuing Date	Mandatory	Yes	Date	Data to be auto fetched by Renewal ID instead of application ID
Class of Repairer	Mandatory	Yes	Text	Data to be auto fetched by Renewal ID instead of application ID
Validity Upto	Mandatory	Yes	Date	Data to be auto fetched by Renewal ID instead of application ID
Name of Repairer (Firm/Company/Individual)	Mandatory	Yes	Text	Data to be auto fetched by Renewal ID instead of application ID
Address of Repairer	Mandatory	Yes	Text	Data to be auto fetched by Renewal ID instead of application ID
Contact Number	Mandatory	Yes	Text	Data to be auto fetched by Renewal ID instead of application ID
Email ID	Mandatory	Yes	Email	Data to be auto fetched by Renewal ID instead of application ID
Aadhar Number	Mandatory	No	Number	Basic information required

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remarks
Boiler/Economiser Sub Type	Mandatory	Yes	Text	Auto-fetch from MAITRI database.
Fuel Used	Mandatory	Yes	Text	Auto-fetch from MAITRI database.
Intended Working Pressure (Kg/cm2)	Mandatory	Yes	Text	Auto-fetch from MAITRI database.
Heating Surface Area (sq.mtr.)	Mandatory	Yes	Text	Auto-fetch from MAITRI database.
Hydraulic test pressure (Kg. per sq.cm.)	Mandatory	Yes	Text	Auto-fetch from MAITRI database.
Type of repair	Mandatory	No	Text	Provide dropdown for major and minor repairs
Repairs Types to be carried out	Mandatory	No	Text	Text box for description
Applicant Name	Mandatory	Yes	Text	Auto-fetch from MAITRI
Designation	Mandatory	Yes	Text	
Place	Mandatory	Yes	Text	
E-Sign / Digital Signature	Mandatory	No	Text	
Declaration Acceptance: I hereby declare that the information, documents, and supporting records submitted by me are true, complete, and genuine to the best of my knowledge and belief. I confirm that no false, misleading, or fabricated information has been provided. I understand that if any information or document is found to be false, incorrect, misleading, misrepresenting or fraudulent at any stage, my application may be rejected or cancelled. If any information or documents provided is found to be false, I shall be liable for prosecution, penalties, or other actions under the Bharatiya Nyaya Sanhita (BNS), 2023, and any other applicable laws. I also undertake to comply with all applicable provisions of Boilers Act, 2025, Indian Boiler Regulations 2026 and rules framed thereunder, to me and my establishment.	Mandatory	No	Checkbox	

Annexure A4: (23)

Approval of Design and Manufacturing Drawings for Boiler and Boiler components: 1. Made in India, 2. Made outside India

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remarks
Apply For	Mandatory	No	Dropdown	To select services 1) Boiler & Boiler Component 2) Piping 3) Mounting fittings & Others.
Boiler / Boiler Component manufacture in India/outside India	Mandatory	No	Dropdown	To select Made in India or Outside of India
Contact Person MahaID / Aadhar Card	Mandatory	No	Number	Proposed integration with UIDAI
Contact Person Name	Mandatory	Yes	Text	Proposed integration with UIDAI
Email ID	Mandatory	No	Text	Basic information required
Mobile Number	Mandatory	No	Number	Basic information required
If selected 1. Boiler & Boiler Components				
Name/Particulars of Component	Mandatory	No	Text	Basic Information.
Makers Number (Optional)	Non-Mandatory	No	Text	Basic Information
Boilers/Eco Number If Any (Optional)	Non-Mandatory	No	Text	Basic Information
Heating Surface Area (M2)	Mandatory	No	Text	Basic Information to calculate fees as per IBR, 1950
Quantity (Optional)	Non-Mandatory	No	Text	
Maximum Working Pressure (Kg/Cm2)	Mandatory	No	Text	Basic Information
Evaporation Capacity (Kg/Hour) (Optional)	Mandatory	No	Text	Basic Information
Client Name (Optional)	Non-Mandatory	No	Text	Basic Information
Fee as per IBR, 1950 / MBR, 1962	Mandatory	Yes	Number	To calculate fees as per IBR, 1950
10% Additional fee as per GR Dated 28/12/2020	Mandatory	Yes	Number	To calculate fees as per IBR, 1950
Total fees payable	Mandatory	Yes	Number	Basic Information to calculate fees as per IBR, 1950
Drawing Title	Mandatory	No	Text	Basic Information
Drawing No	Mandatory	No	Text	Basic Information
Rev No	Mandatory	No	Text	Basic Information
Description	Mandatory	No	Text	Basic Information

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remarks
Remark	Non-Mandatory	No	Text	
Drawing Size	Mandatory	No	Text	Basic Information
If selected 2) Piping				
Select Scrutiny Office	Mandatory	No	Dropdown	For 7 offices
Name/Particulars of Component	Mandatory	No	Text	Basic Information
Client Name (Optional)	Non-Mandatory	No	Text	Basic Information
Type of Piping	Yes	No	Text	Steam, Feed, Blowdown dropdown provided
Length in meter (Up to 100 NB)	Non-Mandatory	No	Number	To calculate fees as per IBR, 1950
Length in meter (Above 100 NB)	Non-Mandatory	No	Number	To calculate fees as per IBR, 1950
Quantity	Non-Mandatory	No	Number	Basic Information.
Fee as per IBR, 1950 / MBR, 1962	Mandatory	Yes	Number	To calculate fees as per IBR, 1950
10% Additional fee as per GR Dated 28/12/2020	Mandatory	Yes	Number	To calculate fees as per IBR, 1950
Total Fee Payable	Mandatory	Yes	Number	To calculate fees as per IBR, 1950
Drawing Title	Mandatory	No	Text	Basic Information.
Drawing No	Mandatory	No	Text	Basic Information.
Rev No	Mandatory	No	Text	Basic Information.
Description	Mandatory	No	Text	Basic Information.
Remark	Non-Mandatory	No	Text	If any remark has to give during scrutiny
Drawing Size	Mandatory	No	Text	Basic Information.
If selected 3) Mounting Fittings & Others.				
Name/Particulars of Component	Mandatory	No	Text	Basic Information.
Client Name (Optional)	Non-Mandatory	No	Text	Basic Information.
Size	Mandatory	No	Text	Basic Information.
Type	Mandatory	No	Text	Basic Information.
Material	Mandatory	No	Text	Basic Information.
Rating	Mandatory	No	Text	For fees calculation as per IBR, 1950
Fee to paid	Mandatory	Yes	Number	To calculate fees as per IBR, 1950
Fee as per IBR, 1950 / MBR, 1962	Mandatory	Yes	Number	To calculate fees as per IBR, 1950
10% Additional fee as per GR Dated 28/12/2020	Mandatory	Yes	Number	To calculate fees as per IBR, 1950

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remarks
Total Fee Payable	Mandatory	Yes	Number	Basic Information.
Drawing Title	Mandatory	No	Text	Basic Information.
Drawing No	Mandatory	No	Text	Basic Information.
Rev No	Mandatory	No	Text	Basic Information.
Description	Mandatory	No	Text	Basic Information.
Remark	Non-Mandatory	No	Text	
Drawing Size	Mandatory	No	Text	Basic Information.
Declaration Acceptance: I hereby declare that the information, documents, and supporting records submitted by me are true, complete, and genuine to the best of my knowledge and belief. I confirm that no false, misleading, or fabricated information has been provided. I understand that if any information or document is found to be false, incorrect, misleading, misrepresenting or fraudulent at any stage, my application may be rejected or cancelled. If any information or documents provided is found to be false, I shall be liable for prosecution, penalties, or other actions under the Bharatiya Nyaya Sanhita (BNS), 2023, and any other applicable laws. I also undertake to comply with all applicable provisions of Boilers Act, 2025, Indian Boiler Regulations 2026 and rules framed thereunder, to me and my establishment.	Mandatory	No	Checkbox	

Annexure A4: (24)

Issue of Certificate for Manufacture and Test: a. Boiler Components, b. Boiler

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remarks
Name/Particulars of Component	Mandatory	Yes	Text	Basic Information
Boilers/Eco Number If Any (Optional)	Non-Mandatory	Yes	Text	Basic Information
Heating Surface Area (M2)	Mandatory	Yes	Text	Basic Information
Maximum Working Pressure (Kg/Cm2)	Mandatory	Yes	Text	Basic Information
Evaporation Capacity (Kg/Hour) (Optional)	Non-Mandatory	Yes	Text	Basic Information
Client Name (Optional)	Non-Mandatory	Yes	Text	Basic Information
Drawing Title	Mandatory	Yes	Text	Basic Information
Drawing No	Mandatory	Yes	Text	Basic Information
Provisionally approved Drawing	Mandatory	Yes	Text	Basic Information
Dropdown Stage 1: Start of Manufacturing Stage 2: Apply Permission for Hydraulic Test / Final Inspection Stage 3: Apply for Issue of Maker's Certificate (Form II/III/IV)				
Makers Number	Mandatory	No	Text	Basic Information required Readable and verifiable QR Code
Fee Payable	Mandatory	Yes	Number	Applicant to Know how much fee needs to be paid
Available Quantity	Mandatory	Yes	Number	Basic Information
Select Stage	Mandatory	No	Text	Basic Selection Criteria
Select Scrutiny Office	Mandatory	No	Text	Basic Selection Criteria
Available Quantity	Mandatory	Yes	Number	Basic Information
Date	Mandatory	No	Date	To Select Date of Hydraulic Test / Final Inspection
Name of Competent Person	Mandatory	No	Text	Basic Information required
Select Maker	Mandatory	No	Text	Basic Information required
Maker's Representative	Mandatory	No	Text	Basic Information required
Makers Certificate Type	Mandatory	No	Dropdown	List of Makers Certificate provided
Paper Size	Mandatory	No	Text	A0, A1, A2, A3 Dropdown provided
No of Pages in Main Form	Mandatory	No	Number	Technical Requirement for Signing the Document.

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remarks
No of Pages in Annexure	Mandatory	No	Number	Technical Requirement for Signing the Document.
Drawing Title	Mandatory	No	Text	Basic Information required
Drawing No	Mandatory	No	Text	Basic Information required
Rev No	Mandatory	No	Text	Basic Information required
Description	Mandatory	No	Text	Basic Information required
Remark	Non-Mandatory	No	Text	Basic Information required
Drawing Size	Mandatory	No	Text	Technical Requirement for Signing the Document.
Declaration Acceptance: I hereby declare that the information, documents, and supporting records submitted by me are true, complete, and genuine to the best of my knowledge and belief. I confirm that no false, misleading, or fabricated information has been provided. I understand that if any information or document is found to be false, incorrect, misleading, misrepresenting or fraudulent at any stage, my application may be rejected or cancelled. If any information or documents provided is found to be false, I shall be liable for prosecution, penalties, or other actions under the Bharatiya Nyaya Sanhita (BNS), 2023, and any other applicable laws. I also undertake to comply with all applicable provisions of Boilers Act, 2025, Indian Boiler Regulations 2026 and rules framed thereunder, to me and my establishment.	Mandatory	No	Checkbox	

Annexure A4: (25)

Calibration of UTM and Impact Testing Machine

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remarks
Name of the Firm (as mentioned in recognition letter)	Mandatory	No	Text	Basic information required
Building Name	Mandatory	Yes	Text	Proposed integration with UIDAI
Street	Mandatory	Yes	Text	Proposed integration with UIDAI
Landmark	Mandatory	Yes	Text	Proposed integration with UIDAI
Locality	Mandatory	Yes	Text	Proposed integration with UIDAI
State	Mandatory	Yes	Text	Proposed integration with UIDAI
District	Mandatory	Yes	Text	Proposed integration with UIDAI
Taluka	Mandatory	Yes	Text	Proposed integration with UIDAI
Pin code	Mandatory	No	Number	Basic information required
Office	Mandatory	Yes	Text	To be Auto fetch as per District
Contact Person Maha ID / Aadhar Number	Mandatory	No	Number	Proposed integration with UIDAI
Contact Person Name	Mandatory	No	Text	Proposed integration with UIDAI
Contact Person Number	Mandatory	No	Number	
Email ID	Mandatory	No	Email	Basic information required
Recent Approval/Renewal Number	Mandatory	No	Number	To check lab registered or not
Validity Upto	Mandatory	No	Date	
Machine To be calibrated	Mandatory	No	Dropdown	For UTM & Impact
Machine Make & Model	Mandatory	No	Text	
Machine Serial Number	Mandatory	No	Text	
Capacity (For UTM in KN / For Impact in KJ)	Mandatory	No	Text	
Name of Calibration Agency	Mandatory	No	Text	
NABL Accreditation Number	Mandatory	No	Text	

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remarks
Accreditation Validity (up to)	Mandatory	No	Text	
MahaID / Aadhar No	Mandatory	No	Number	
Full Name	Mandatory	Yes	Text	Auto fetch from MAITRI database.
Email ID	Mandatory	No	Email	Auto fetch from MAITRI database.
Mobile Number	Mandatory	No	Number	Auto fetch from MAITRI database.
Proposed Visit Date for Calibration	Mandatory	No	Date	
Declaration Acceptance: I hereby declare that the information, documents, and supporting records submitted by me are true, complete, and genuine to the best of my knowledge and belief. I confirm that no false, misleading, or fabricated information has been provided. I understand that if any information or document is found to be false, incorrect, misleading, misrepresenting or fraudulent at any stage, my application may be rejected or cancelled. If any information or documents provided is found to be false, I shall be liable for prosecution, penalties, or other actions under the Bharatiya Nyaya Sanhita (BNS), 2023, and any other applicable laws. I also undertake to comply with all applicable provisions of Boilers Act, 2025, Indian Boiler Regulations 2026 and rules framed thereunder, to me and my establishment.	Mandatory	No	Checkbox	

Annexure A4: (26)

Transfer of Ownership

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remarks
Registration Number	Mandatory	No	Text	Basic information required
Equipment Type	Mandatory	Yes	Text	Auto-fetch from the Database
Firm Name	Mandatory	Yes	Text	Auto-fetch from Maitri Database
Latitude	Mandatory	No	Text	Basic information required
Longitude	Mandatory	No	Text	Basic information required
Full Postal Address	Mandatory	Yes	Text	Auto-fetch from Maitri Database
District	Mandatory	No	Text	Basic information required
Email ID	Mandatory	No	Email	Basic information required
Pin code	Mandatory	No	Number	Basic information required
Mobile Number	Mandatory	No	Number	Basic information required
Firm Name	Mandatory	Yes	Text	Auto-fetch from MAITRI database.
Full Postal Address	Mandatory	Yes	Text	Auto-fetch from MAITRI database.
District	Mandatory	Yes	Text	Auto-fetch from MAITRI database.
Email ID	Mandatory	No	Email	Auto-fetch from MAITRI database.
Pin code	Mandatory	No	Number	Auto-fetch from MAITRI database.
Mobile Number	Mandatory	No	Number	Auto-fetch from MAITRI database.
Aadhar Number	Mandatory	No	Number	Basic requirement for fetching photo and signature
Full Name	Mandatory	Yes	Text	Proposed integration with UIDAI
Building Name	Mandatory	Yes	Text	Proposed integration with UIDAI
Street	Mandatory	Yes	Text	Proposed integration with UIDAI
Landmark	Mandatory	Yes	Text	Proposed integration with UIDAI
Locality	Mandatory	Yes	Text	Proposed integration with UIDAI
State	Mandatory	Yes	Text	Proposed integration with UIDAI
District	Mandatory	Yes	Text	Proposed integration with UIDAI
Taluka	Mandatory	Yes	Text	Proposed integration with UIDAI

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remarks
Email ID	Mandatory	No	Email	Basic information required Fetch owner details from Reg.
Pincode	Mandatory	No	Number	Basic information required
Mobile Number	Mandatory	No	Number	Basic information required
Declaration Acceptance: I hereby declare that the information, documents, and supporting records submitted by me are true, complete, and genuine to the best of my knowledge and belief. I confirm that no false, misleading, or fabricated information has been provided. I understand that if any information or document is found to be false, incorrect, misleading, misrepresenting or fraudulent at any stage, my application may be rejected or cancelled. If any information or documents provided is found to be false, I shall be liable for prosecution, penalties, or other actions under the Bharatiya Nyaya Sanhita (BNS), 2023, and any other applicable laws. I also undertake to comply with all applicable provisions of Boilers Act, 2025, Indian Boiler Regulations 2026 and rules framed thereunder, to me and my establishment.	Mandatory	No	Checkbox	

Annexure A4: (27)

Registration and cancellation of Registration of Establishments under Maharashtra Labour Welfare Fund Act, 1953.

Registration of Establishment under Maharashtra Labour Fund Act,1953				
Field Name	**Mandatory Status**	**Auto-Fetched**	**Field Type**	**Remark**
Name of Establishment	Mandatory	Yes	Long Text	Pre-Fetched from Maitri and Labours Database
PAN / TAN / TIN of Establishment	Mandatory	No	Text	Filled by Applicant
Employer	Mandatory	Yes	Long Text	Pre-Fetched from Maitri and Labours Database
Correspondence Address 1	Mandatory	Yes	Long Text	Primary correspondence address of the establishment.
Correspondence Address 2	Mandatory	Yes	Long Text	Pre-Fetched from Maitri and Labours Database
Country	Mandatory	Yes	Text	Pre-Fetched from Maitri and Labours Database
State	Mandatory	Yes	Dropdown	Pre-Fetched from Maitri and Labours Database
District	Mandatory	Yes	Dropdown	Pre-Fetched from Maitri and Labours Database
Taluka	Mandatory	Yes	Dropdown	Pre-Fetched from Maitri and Labours Database
City	Mandatory	Yes	Text	Pre-Fetched from Maitri and Labours Database
PIN Code	Mandatory	Yes	Number	Pre-Fetched from Maitri and Labours Database
Phone No.	Mandatory	Yes	Number	Pre-Fetched from Maitri and Labours Database
Name of Contact Person	Mandatory	No	Text	Filled by Applicant
Mobile No. of Contact Person	Mandatory	No	Number	Filled by Applicant
E-Mail Id	Mandatory	No	Text	Filled by Applicant
Class of Establishment	Mandatory	No	Dropdown	Applicant will select the option from the dropdown list
Category	Mandatory	No	Dropdown	Applicant will select the option from the dropdown list
Sector	Mandatory	No	Dropdown	Applicant will select the option from the dropdown list
Current Number of Employees	Mandatory	No	Number	Filled by Applicant
Save As Draft	Non-Mandatory	No	Button	Saves the partially completed Establishment Details form for later completion.
Captcha Validation	Mandatory	No	Text	
Declaration Checkbox – Marathi & English (Declaration)	Mandatory	No	Checkbox	Employer agrees to the bilingual self-declaration text.
OTP	Mandatory	No	Number	Filled by Applicant

Registration of Establishment under Maharashtra Labour Fund Act,1953				
Field Name	**Mandatory Status**	**Auto-Fetched**	**Field Type**	**Remark**
Final Submit	Mandatory	No	Button	Submits the application; generates a unique Establishment Registration Reference Number.
Declaration Acceptance: I hereby declare that the information, documents, and supporting records submitted by me are true, complete, and genuine to the best of my knowledge and belief. I confirm that no false, misleading, or fabricated information has been provided. I understand that if any information or document is found to be false, incorrect, misleading, misrepresenting or fraudulent at any stage, my application may be rejected or cancelled. If any information or documents provided is found to be false, I shall be liable for prosecution, penalties, or other actions under the Bharatiya Nyaya Sanhita (BNS), 2023, and any other applicable laws. I also undertake to comply with all applicable provisions of Boilers Act, 2025, Indian Boiler Regulations 2026 and rules framed thereunder, to me and my establishment.	Mandatory	No	Checkbox	

Cancellations of Registration of Establishment under Maharashtra Labour Fund Act,1953				
Field Name	**Mandatory Status**	**Auto-Fetched**	**Field Type**	**Remark**
Registered Establishment Number	Mandatory	No	Text	Filled by Applicant
Establishment Name	Mandatory	Yes	Long Text	Auto-fetched from the registration record.
Type Of Establishment	Mandatory	Yes	Text	Auto-fetched from the registration record.
Address Of The Establishment	Mandatory	Yes	Long Text	Not necessary
Employer PAN	Mandatory	Yes	Text	Employer's PAN captured from record.
Mobile No.	Mandatory	No	Mobile Number	Used for OTP delivery; must be the registered mobile number.
Email Id	Non-Mandatory	No	Email	Filled by Applicant

Cancellations of Registration of Establishment under Maharashtra Labour Fund Act,1953				
Field Name	**Mandatory Status**	**Auto-Fetched**	**Field Type**	**Remark**
Date Of Business Closure / If Number of employees reduce to less than 5	Mandatory	No	Date	Filled by Applicant
Amount pending with Employer as per section 2 (10) of the Maharashtra Labour Welfare Fund Act,1953 (Unpaid Accumulation)	Mandatory	No	Radio Button	If user select to Yes, then he will be redirected to the MLWB portal for the Payment of Unpaid amount.
Reason For Closing Business	Non-Mandatory	No	Text	Free-text reason recorded for audit and office scrutiny.
Declaration Acceptance: I hereby declare that the information, documents, and supporting records submitted by me are true, complete, and genuine to the best of my knowledge and belief. I confirm that no false, misleading, or fabricated information has been provided. I understand that if any information or document is found to be false, incorrect, misleading, misrepresenting or fraudulent at any stage, my application may be rejected or cancelled. If any information or documents provided is found to be false, I shall be liable for prosecution, penalties, or other actions under the Bharatiya Nyaya Sanhita (BNS), 2023, and any other applicable laws. I also undertake to comply with all applicable provisions of Maharashtra Labour Welfare Fund Act, 1953 and the Maharashtra Labour Welfare Fund Rules, 1953, to me and my establishment.	Mandatory	No	Checkbox	Affirms the business was not conducted in violation of law and information is true; false information is liable for recovery and penalty under the MLW Act, 1953.
OTP	Mandatory	No	Number	Filled by Applicant
Final Submit	Mandatory	No	Button	Submits the application

IDZES ANGMO KUNDAN

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(आय.ए.कुंदन)

अपर मुख्य सचिव, महाराष्ट्र शासन

Annexure B: G2C Services

Sr. No.	Details of Public Services	Office	Sub Service	Subservices Included	Time Limit Prescribed in Days	Designated Officer for Providing Service	1st Appellate Officer	2nd Appellate Officer
1	Registration and Renewal of General Membership of Labour & Dependents under Maharashtra Labour Welfare Fund Act, 1953	Maharashtra Labour Welfare Board	1	Registration of General Membership of Labour & Dependents	3 Days	Center Head	Workers Welfare Officer (Circle Office)	Assistant Welfare Commissioner (Division Office)
			2	Renewal of General Membership of Labour & Dependents	3 Days	Center Head	Workers Welfare Officer (Circle Office)	Assistant Welfare Commissioner (Division Office)
2	Registration and Renewal of registration of Building and Other Construction Workers under Social Security Code, 2020	Maharashtra Building And Other Construction Workers Welfare Board	3	Registration of Building and Other Construction Workers under Social Security Code (G2C)	90 days from the date of appointment	Registration Officer	Regional Executive Officer	Secretary and Chief Executive Officer, Maharashtra BOCW Welfare Board, Mumbai
			4	Renewal of Registration of Building and Other Construction Workers under Social Security Code (G2C)	90 days from the date of appointment	Registration Officer	Regional Executive Officer	Secretary and Chief Executive Officer, Maharashtra BOCW Welfare Board, Mumbai

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Annexure B1: GPR Summary (G2C Services)

Sr No	Service Name	Number of Fields		Number of Autofetch Fields		Number of Documents		Number of Autofetch Documents		Approval Desks		Timeline	
		Pre GPR	Post GPR	Pre GPR	Post GPR	Pre GPR	Post GPR	Pre GPR	Post GPR	Pre GPR	Post GPR	Pre GPR	Post GPR
1	Registration and Renewal of General Membership of Labour & Dependents under Maharashtra Labour Welfare Fund Act, 1953	35	29	4	6	4	3	0	0	1	1	05 Days	03 Days
2	Registration and Renewal of registration of Building and Other Construction Workers under Social Security Code, 2020	55	35	0	0	2	2	0	0	2	2	90 days	90 days
		27	15	0	5	1	1	0	0	2	2	90 days	90 days

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(आय.ए.कुंदन)
अपर मुख्य सचिव, महाराष्ट्र शासन

Annexure B2: Approval Desks (G2C Services)

Sr. No.	Name of Service	Type of Service	Prescribed Service Delivery Timeline	Number of Desks	Desk-1	Responsibilities of Desk-1	Desk-2	Responsibilities of Desk-2	Desk-3	Responsibilities of Desk-3
1	Registration and Renewal of General Membership of Labour & Dependents under Maharashtra Labour Welfare Fund Act, 1953	G2C	03 Days	1	Centre Director	Application Verification and Scrutiny, Scrutinize the supporting documents submitted by the applicant and approves or returns for correction to Applicant	-	-	-	-
2	Registration and Renewal of Building and Other Construction Workers Under Social Security Code	G2C	90 Days	2	Office Clerk	Verify submitted documents of worker	Registration Officer	Accept or reject the application	-	-

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Annexure B3: Required Documents (G2C Services)

Sr. No.	Name of Service	Sr. No.	Documents Required for the Service – Pre GPR	Documents Required for the Service – Post GPR
1	Registration and Renewal of General Membership of Labour & Dependents under Maharashtra Labour Welfare Fund Act, 1953	1	Aadhar Card*	Aadhar Card*
		2	Current Pay Slip (June/Dec)	Sugar factory Labours should attach proof of deduction under the Maharashtra Labour Welfare Fund (MLWB) (If applicable.)
		3	Sugar factory Labours should attach proof of deduction under the Maharashtra Labour Welfare Fund (MLWB) (If applicable.)	For retired / voluntary retirement / Labours from closed industries/ Death Certificate, attach required proof as per clause no 14
		4	For retired / voluntary retirement / Labours from closed industries/ Death Certificate, attach required proof as per clause no 14	
2	Registration of Building and Other Construction Workers Under Social Security Code	1	Address proof -Aadhar Card	Address proof - Aadhar Card
		2	90 Days Work Certificate	90 Days Work Certificate
	Renewal Registration of Building and Other Construction Workers Under Social Security Code	1	90 Days Work Certificate	90 Days Work Certificate

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(आय.ए.कुंदन)
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Annexure B4: (1)

Registration and Renewal of General Membership of Labour & Dependents under Maharashtra Labour Welfare Fund Act, 1953

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remark
Membership Type	Mandatory	No	Dropdown	Determines whether a fresh application or a renewal is processed for the applicant.
Only for Retired/Exit/Self Voluntary Employee	Mandatory	No	Dropdown	When checked, flags the LIN lookup as relating to a retired, exited, or self-voluntary employee for differentiated eligibility handling.
Enter Your LIN Number or Old Membership Code for old member	Mandatory	No	Text	Fetches employer/establishment record; validates registered establishment.
Division/KKB Project	Mandatory	Yes	Long Text	Filtered by the selected District; filters the Circle list.
Circle	Mandatory	Yes	Text	Filters the Center list.
Center	Mandatory	No	Dropdown	Applicant will select from the dropdown list
Labour's Full Name	Mandatory	Yes	Long Text	Used for identity verification.
Labour's Annual Income	Mandatory	No	Dropdown	Income-based eligibility slab.
Establishment Name (display)	Mandatory	Yes	Long Text	Auto-fetched from Establishment master.
Last Contribution Paid (display)	Mandatory	Yes	Number	Displays last month of contribution paid.
Membership Expiration Date (display)	Mandatory	Yes	Date	Displays validity of existing membership.
Applicable For	Mandatory	No	Dropdown	Dropdown select by Applicant
Upload Image	Mandatory	No	Upload Button	Captures applicant photograph for membership record.
Aadhaar Number	Mandatory	No	Number	Identity proof; number cross-checked with upload.
Applicant Full Name	Mandatory	No	Long Text	Filled by Applicant
Date of Birth	Mandatory	No	Date	Used for age/eligibility validation.
Gender	Mandatory	No	Radio Button	Gender of applicant.
Marital Status	Mandatory	No	Radio Button	Used for family-linked benefits.
Residential Address	Mandatory	No	Text	Current residential address.
District	Mandatory	No	Dropdown	Determines the applicable MLWB District jurisdiction; filters the Division/KKB Project list.
Taluka	Mandatory	No	Dropdown	Records the taluka of the residential address; filtered by the selected Address District.
PIN Code	Mandatory	No	Number	Validates the postal PIN code of the residential address.

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remark
Mobile No.	Mandatory	No	Number	Used for communication/notifications.
Email Address	Non-Mandatory	No	Text	Used for status/receipt notifications.
Qualification	Mandatory	No	Dropdown	Used for scheme/skill eligibility.
Applicant's Occupation	Non-Mandatory	No	Dropdown	Occupation category.
Is Applicant a Handicap Person?	Mandatory	No	Radio Button	If Yes, Fetched details from the UDID Flags disability-linked benefits.
Declaration Acceptance: I hereby declare that the information, documents, and supporting records submitted by me are true, complete, and genuine to the best of my knowledge and belief. I confirm that no false, misleading, or fabricated information has been provided. I understand that if any information or document is found to be false, incorrect, misleading, misrepresenting or fraudulent at any stage, my application may be rejected or cancelled. If any information or documents provided is found to be false, I shall be liable for prosecution, penalties, or other actions under the Bharatiya Nyaya Sanhita (BNS), 2023, and any other applicable laws. I also undertake to comply with all applicable provisions of Maharashtra Labour Welfare Fund Act, 1953 and the Maharashtra Labour Welfare Fund Rules, 1953, to me and my establishment.	Mandatory	No	Checkbox	Filled by applicant
Aadhar Based OTP	Mandatory	No	Number	Filled by Applicant

Annexure B4: (2)

Registration and Renewal of Building and Other Construction Workers Under Social Security Code, 2020

Registration of Building and Other Construction Workers Under Social Security Code, 2020				
Field Name	**Mandatory Status**	**Auto-Fetched**	**Field type**	**Remarks**
Aadhar number	Mandatory	No	Number	To be verified through mobile OTP. Proposed integration with Adhaar
Mobile number	Mandatory	No	Mobile Number	Validation with Aadhar registered Mobile number
Full Name As Per Aadhar	Mandatory	No	Long Text	Proposed Integration with Adhaar
Gender	Mandatory	No	Text	
Date of Birth	Mandatory	No	Date	
Age	Mandatory	No	Number	To be Auto calculated by system.
Marital status	Mandatory	No	Text	
House no. / Building no.	Non-Mandatory	No	Long Text	Proposed Integration with Adhaar
Road	Non-Mandatory	No	Text	
Area/Village	Mandatory	No	Text	
City	Mandatory	No	Text	
State	Mandatory	No	Dropdown	
District	Mandatory	No	Dropdown	
Taluka	Mandatory	No	Dropdown	
Post office	Mandatory	No	Text	
Pin code	Mandatory	No	Number	
Ration Card no	Mandatory	No	Number	Validation through RCMS portal. Proposed integration with RCMS portal
Full Name as per Aadhar(Family member Details)	Mandatory	No	Long Text	Proposed Integration with Adhaar
DOB	Mandatory	No	Date	
Age	Mandatory	No	Number	To be Auto calculated by system.
Relation	Mandatory	No	Dropdown	List - Spouse/Husband, Father, Mother, Child 1, Child 2
Aadhar number	Mandatory	No	Number	To be verified through mobile OTP. Proposed integration with Adhaar System
Education	Mandatory	No	Dropdown	
Nominee	Mandatory	No	Text	
Already registered in BOCW	Mandatory	No	Text	
BOCW registration no.	Non-Mandatory	No	Text	Compulsory if already registered with BOCW
Workers Nature of Work	Mandatory	No	Dropdown	List - 21 type of approved work

Registration of Building and Other Construction Workers Under Social Security Code, 2020				
Field Name	**Mandatory Status**	**Auto-Fetched**	**Field type**	**Remarks**
Type of issuer 1. Contractor/Developer 2. Gramsevak 3. Person with Authorization by Municipal Corporation or Municipal Council 4. Person Authorized by any Other Government Development Authority 5. Naka Kamgar Pustika approved and issued by concerned district officer	Mandatory	No	Dropdown	List - it lists all types of issuers
Reg. No. of contractor from MAITRI	Non-Mandatory	No	Number	
Name of Contractor/Developer	Mandatory	Conditional	Text	If the contractor is registered in MAITRI, the details will be pulled from there.
District of Employer	Mandatory	No	Dropdown	
Taluka of Employer	Mandatory	No	Dropdown	
Select WFC Center	Mandatory	No	Dropdown	List
WFC Visiting Date	Mandatory	No	Date	
Declaration Acceptance: I hereby declare that the information, documents, and supporting records submitted by me are true, complete, and genuine to the best of my knowledge and belief. I confirm that no false, misleading, or fabricated information has been provided. I understand that if any information or document is found to be false, incorrect, misleading, misrepresenting or fraudulent at any stage, my application may be rejected or cancelled. If any information or documents provided is found to be false, I shall be liable for prosecution, penalties, or other actions under the Bharatiya Nyaya Sanhita (BNS), 2023, and any other applicable laws. I also undertake to comply with all	Mandatory	No	Checkbox	

Registration of Building and Other Construction Workers Under Social Security Code, 2020				
Field Name	**Mandatory Status**	**Auto-Fetched**	**Field type**	**Remarks**
applicable provisions of Labour Codes and labour laws to me and my establishment.				

Renewal Registration of Building and Other Construction Workers Under Social Security Code, 2020				
Field Name	**Mandatory Status**	**Auto-Fetched**	**Field type**	**Remarks**
Registration number*	Mandatory	No	Number	
BOCW registration status	Mandatory	Yes	Text	Auto fetched from Worker Registration number
Name of Worker as per Adhaar	Mandatory	Yes	Long Text	Auto fetched from Worker Registration number
Aadhar no.	Mandatory	Yes	Number	Auto fetched from Worker Registration number
Mobile No.	Mandatory	Yes	Number	Auto fetched from Worker Registration number
DOB	Mandatory	Yes	Date	Auto fetched from Worker Registration number
Worker's nature of the work*	Mandatory	No	Dropdown	List - 21 type of approved work
Type of issuer * 1. Contractor/Developer 2. Gram Sevak 3. Person with Authorization by Municipal Corporation or Municipal Council 4. Person Authorized by any Other Government Development Authority 5. Naka Kamgar Pustika approved and issued by concerned district officer	Mandatory	No	Dropdown	List - it lists all types of issuers
Reg. No. of contractor from MAITRI	Non-Mandatory	No	Number	
Name of Contractor/Developer*	Mandatory	Conditional	Text	
District of Employer*	Mandatory	No	Dropdown	
Taluka of Employer*	Mandatory	No	Dropdown	
Select WFC Center*	Mandatory	No	Dropdown	
WFC Visiting Date *	Mandatory	No	Date	This may be removed when the 90 days certificate is issued in IWBMS

Renewal Registration of Building and Other Construction Workers Under Social Security Code, 2020				
Field Name	**Mandatory Status**	**Auto-Fetched**	**Field type**	**Remarks**
Declaration Acceptance: I hereby declare that the information, documents, and supporting records submitted by me are true, complete, and genuine to the best of my knowledge and belief. I confirm that no false, misleading, or fabricated information has been provided. I understand that if any information or document is found to be false, incorrect, misleading, misrepresenting or fraudulent at any stage, my application may be rejected or cancelled. If any information or documents provided is found to be false, I shall be liable for prosecution, penalties, or other actions under the Bharatiya Nyaya Sanhita (BNS), 2023, and any other applicable laws. I also undertake to comply with all applicable provisions of Labour Codes and labour laws to me and my establishment.	Mandatory	No	Checkbox	

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अपर मुख्य सचिव, महाराष्ट्र शासन

Annexure C: Schemes

Sr. No.	Details of Scheme	Office	Scheme Eligibility	Time Limit in Days
1	Financial Assistance for Critical Illness Treatment	MLWB	Financial assistance for medical treatment expenses incurred by labours' and their dependents.	21 Days
2	MS-CIT Financial Assistance Scheme	MLWB	For Labour & their dependents requires passing the MS-CIT exam with a minimum of 60% or more marks.	21 Days
3	Grant for Purchase of Sewing Machines Scheme	MLWB	For Labour & their dependents Must pass 1st rank in Board/Govt-approved tailoring class exam. Benefit given once only.	21 Days
4	Government Computer Typing Basic Course	MLWB	Provides assistance to eligible labours' and their dependents who pass the GCC-TBC examination with at least 50% marks.	21 Days
5	Financial Assistance for General Educational	MLWB	Financial aid for labours' children education. Requires minimum 60% marks in previous exam. Covers 10th to Post-Graduation, MPSC/UPSC main exam after passing prelims, PhD registration at recognized universities.	21 Days
6	Financial Assistance for Foreign Higher Education	MLWB	Financial aid for labours' children pursuing Master's / Ph.D. abroad. Requires minimum 60% marks in previous exam. Valid for recognized courses/universities. Benefit given once only.	21 Days
7	Financial Assistance for Sports	MLWB	Financial assistance for labour dependents excelling in sports at State, National, or International levels.	21 Days
8	Financial Assistance for Purchase of Textbooks	MLWB	Provides 50% assistance on actual purchase cost of textbooks for education from 11th Std onwards. Parental annual income limit: ₹5 Lakh.	21 Days
9	Literature Publication Grants Scheme	MLWB	Financial aid for labour-authors to publish self-written literature (story, novel, drama, poetry collection, etc.). Benefit given once only.	21 Days
10	Driver Training Scheme	MLWB	Granted to labours' and their dependents completing training from a govt-recognized motor driving school and obtaining a permanent licence.	21 Days
11	Financial assistance scheme of ₹20,000 for the education of a construction worker's child who has passed the 9th standard (For 1st two children)	BOCW	Two children of registered and active construction worker	45 Days
			If both the husband and wife are registered with the Board as construction workers, only one benefit shall be admissible	
			If the benefit under the Board's E-01 scheme (assistance for classes 1 to 7, and classes 8 to 10) has already been availed of for a child, then that child shall not be eligible to receive benefits under this scheme again.	
			The beneficiary shall be eligible to apply for the benefits of this scheme within one year from the date on which the child passed the 9th standard, as mentioned on the marksheet	
12	Financial assistance scheme of ₹25,000 for the education of the child of a construction worker who has passed the 11th standard (For 1st two children)	BOCW	The first two children of registered and active construction workers shall be eligible for this scheme.	45 Days
			If both the husband and wife are registered with the Board as construction workers, only one benefit shall be admissible.	
			If the child has already availed benefits under the Board's E-01 scheme (Assistance for Classes 1 to 7 and Classes 8 to 10), E-02 scheme (Assistance for securing a minimum of 50% marks in Class 10 and	

Sr. No.	Details of Scheme	Office	Scheme Eligibility	Time Limit in Days
			Class 12), or E-03 scheme (Assistance for Classes 11 and 12), then that child shall not be eligible to receive benefits under this scheme	
			The beneficiary shall be eligible to apply for the benefits of this scheme within one year from the date on which the child passed Class 11, as mentioned on the marksheet. Applications submitted after this period shall not be accepted.	
13	Financial assistance scheme of Rs. 1,00,000/- for the child of a construction worker pursuing a medical degree (For 1st two children)	BOCW	The eligibility criteria for the scheme implemented to provide educational assistance to the first two children of registered active (living) construction workers enrolled with the Board, for pursuing education in any academic year of any degree course in the medical field, are as follows:	45 Days
			The first two children of a registered active (living) construction worker shall be eligible for benefits under this scheme.	
			The husband or wife of the construction worker shall not be eligible for benefits under this scheme	
			If both the husband and wife are registered with the Board as construction workers, only one benefit shall be admissible under this scheme	
			The child shall be eligible to avail the benefits of this scheme for the academic year that he/she has successfully passed during any year of the degree course	
			This scheme shall not be applicable to diploma courses, postgraduate degree courses, or postgraduate diploma courses in the medical field	
14	Financial assistance scheme of Rs. 60,000/- for the child of a construction worker pursuing an engineering degree	BOCW	The eligibility criteria for the scheme implemented to provide educational assistance to the first two children of registered active (living) construction workers enrolled with the Board, for pursuing education in any academic year of any degree course in the engineering field, are as follows:	45 Days
			The first two children of a registered active (living) construction worker shall be eligible for benefits under this scheme.	
			The husband or wife of the construction worker shall not be eligible for benefits under this scheme	
			If both the husband and wife are registered with the Board as construction workers, only one benefit shall be admissible under this scheme	
			The child shall be eligible to avail the benefits of this scheme for the academic year that he/she has successfully passed during any year of the degree course	
			This scheme shall not be applicable to diploma courses, postgraduate degree courses, or postgraduate diploma courses in the field of engineering and technology.	
15	Financial assistance of Rs. 3,50,000/- to the legal heir of registered construction worker in case of Natural death	BOCW	Construction workers whose registration is active (live/valid) shall be eligible for this scheme.	45 Days
			The construction worker must have been registered with the Board for a minimum period of three years to be eligible under this scheme. It is clarified that if a construction worker has completed two years of registration and dies during the third year of registration, such worker shall be considered eligible. Similarly, if an application for registration for the third year has been submitted and the worker dies before a final decision is taken on that application, such worker shall also be considered eligible. While calculating the three-year registration period, registration in any three years shall be taken into account; continuous registration for three consecutive years shall not be mandatory	

Sr. No.	Details of Scheme	Office	Scheme Eligibility	Time Limit in Days
			The legal heir of the deceased construction worker must submit the application within one year from the date of the construction worker's death. Otherwise, the legal heir of the deceased construction worker shall not be eligible to receive benefits under this scheme	
			Under this scheme, it shall be mandatory to obtain a Legal Heir Certificate (Succession Certificate) from the competent authority.	
16	Financial assistance of Rs. 6,50,000/- to the legal heir of registered construction worker in case of Accidental death	BOCW	Construction workers whose registration with the Board is active (valid/live) shall be eligible for this scheme	45 Days
			If a construction worker has submitted an application for registration and dies in an accident before a final decision is made on that application, such construction worker shall be considered eligible under this scheme	
			This scheme shall be applicable in cases where a death occurs due to an accident at a site where building or other construction work is in progress	
			The legal heir of the deceased construction worker must submit the application within one year from the date of the worker's death. Otherwise, the legal heir of the deceased construction worker shall not be eligible to avail the benefits under this scheme	
			Under this scheme, it shall be mandatory to obtain a Legal Heir Certificate (Succession Certificate) from the competent authority.	
17	Financial Assistance of Rs. 2,00,000 in case of Disability for Construction Workers	BOCW	Construction workers who have registered at least once with the Construction Workers Welfare Board shall be eligible for this scheme.	45 Days
			If a construction worker has submitted an application for registration and becomes disabled before the final decision on that application is made, such construction worker shall remain eligible for this scheme.	
			Construction workers who acquire a disability after registration with the Board shall be eligible for this scheme.	
			Construction workers with a disability of at least 75% shall be eligible to receive benefits under this scheme.	
			The construction worker must submit the application within one year from the date on which the disability was acquired. Otherwise, such construction worker shall not be eligible to receive benefits under this scheme.	
18	Maternity Assistance of Rs. 25,000/- for the first Two children of registered Women construction worker	BOCW	Female construction workers whose registration with the Board is active (live) and who have delivered a child through a normal (natural) delivery or a surgical delivery (caesarean section) shall be eligible for this scheme.	45 Days
			The application must be submitted within one year from the date of delivery. Otherwise, the construction worker shall not be eligible to avail the benefits under this scheme.	
			Construction workers shall be eligible for this scheme in respect of their first two children.	
			If the child dies after delivery, the construction worker shall still be eligible for this scheme, subject to the submission of a certificate regarding the delivery issued by the District Civil Surgeon.	

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Annexure C1: GPR Summary (Schemes)

Sr No	Service Name	Number of Fields		Number Autofetch Fields		Number of Documents		Number of Autofetch Documents		Approval Desk		Timeline	
		Pre GPR	Post GPR	Pre GPR	Post GPR	Pre GPR	Post GPR	Pre GPR	Post GPR	Pre GPR	Post GPR	Pre GPR	Post GPR
1	Financial Assistance for Critical Illness Treatment	40	28	5	15	7	3	0	1	6	2	45 Days	21 Days
2	MS-CIT Financial Assistance Scheme	42	28	6	17	6	3	0	1	6	2	45 Days	21 Days
3	Grant for Purchase of Sewing Machines Scheme	37	25	6	16	7	2	0	1	6	2	45 Days	21 Days
4	Government Computer Typing Basic Course	48	32	7	19	6	2	0	1	6	2	45 Days	21 Days
5	Financial Assistance for General Educational	48	33	7	18	21	5	0	1	6	2	45 Days	21 Days
6	Financial Assistance for Foreign Higher Education	48	35	6	17	11	6	0	1	6	2	45 Days	21 Days
7	Financial Assistance for Sports	38	26	5	17	6	1	0	1	6	2	45 Days	21 Days
8	Financial Assistance for Purchase of Textbooks	42	28	6	18	6	2	0	1	6	2	45 Days	21 Days
9	Literature Publication Grants Scheme	42	31	5	17	7	2	0	1	6	2	45 Days	21 Days
10	Driver Training Scheme	40	28	5	17	7	3	0	1	6	2	45 Days	21 Days
11	Financial assistance scheme of Rs.20,000/- for education of a Construction worker child who has passed the 9th standard (For 1st two children's)	NA	34	NA	25	NA	3	NA	0	NA	2	90 days	45 days
12	Financial assistance scheme of ₹25,000 for education of	NA	34	NA	25	NA	3	NA	0	NA	2	90 days	45 days

Sr No	Service Name	Number of Fields		Number Autofetch Fields		Number of Documents		Number of Autofetch Documents		Approval Desk		Timeline	
		Pre GPR	Post GPR	Pre GPR	Post GPR	Pre GPR	Post GPR	Pre GPR	Post GPR	Pre GPR	Post GPR	Pre GPR	Post GPR
	the child of a construction worker who has passed the 11th standard (For 1st two children's).												
13	Financial assistance scheme of Rs. 1,00,000/- per year for construction worker child pursuing medical degree	NA	31	NA	12	NA	4	NA	0	NA	2	90 days	45 days
14	Financial assistance scheme of Rs. 60,000/- per year for construction worker child pursuing an engineering degree	NA	31	NA	12	NA	4	NA	0	NA	2	90 days	45 days
15	Financial assistance of Rs. 3,50,000/- to legal heir of registered construction worker in case of Natural death	NA	33	NA	15	NA	4	NA	0	NA	2	90 days	45 days
16	Financial assistance of Rs.6,50,000/- to legal heir of registered construction worker in case of Accidental death	NA	38	NA	13	NA	5	NA	0	NA	2	90 days	45 days
17	Financial Assistance of Rs. 2,00,000 in case of Disability for Construction Workers	NA	21	NA	10	NA	1	NA	0	NA	2	90 days	45 days
18	Maternity Assistance of Rs. 25,000/- for the first Two children of registered Women construction worker	NA	21	NA	10	NA	1	NA	0	NA	2	90 days	45 days

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Annexure C2: Approval Desks (Schemes)

Sr. No.	Name of Scheme	Type of Scheme	Prescribed Scheme Delivery Timeline	Number of Desks	Desk-1	Responsibilities of Desk-1	Desk-2	Responsibilities of Desk-2	Desk-3	Responsibilities of Desk-3
1	Financial Assistance for Critical Illness Treatment	G2C	21 Days	2	Centre Director	Scrutinize the supporting documents submitted by the applicant and forward to next level or return for correction to Applicant.	Assistant Welfare Commissioner	Approve / Rejection of application upon satisfactory compliance with all requirements & send to Account / Audit Officer for Disbursement	-	-
2	MS-CIT Financial Assistance Scheme	G2C	21 Days	2	Centre Director	Scrutinize the supporting documents submitted by the applicant and forward to next level or return for correction to Applicant.	Labour Welfare Officer	Approve / Rejection of application upon satisfactory compliance with all requirements & send to Account / Audit Officer for Disbursement	-	-
3	Grant for Purchase of Sewing Machines Scheme	G2C	21 Days	2	Centre Director	Scrutinize the supporting documents submitted by the applicant and forward to next level or return for correction to Applicant.	Labour Welfare Officer	Approve / Rejection of application upon satisfactory compliance with all requirements & send to Account / Audit Officer for Disbursement	-	-

Sr. No.	Name of Scheme	Type of Scheme	Prescribed Scheme Delivery Timeline	Number of Desks	Desk-1	Responsibilities of Desk-1	Desk-2	Responsibilities of Desk-2	Desk-3	Responsibilities of Desk-3
4	Government Computer Typing Basic Course	G2C	21 Days	2	Centre Director	Scrutinize the supporting documents submitted by the applicant and forward to next level or return for correction to Applicant.	Labour Welfare Officer	Approve / Rejection of application upon satisfactory compliance with all requirements & send to Account / Audit Officer for Disbursement	-	-
5	Financial Assistance for General Educational	G2C	21 Days	2	Centre Director	Scrutinize the supporting documents submitted by the applicant and forward to next level or return for correction to Applicant.	Assistant Welfare Commissioner	Approve / Rejection of application upon satisfactory compliance with all requirements & send to Account / Audit Officer for Disbursement	-	-
6	Financial Assistance for Foreign Higher Education	G2C	21 Days	2	Centre Director	Scrutinize the supporting documents submitted by the applicant and forward to next level or return for correction to Applicant.	Assistant Welfare Commissioner	Approve / Rejection of application upon satisfactory compliance with all requirements & send to Account / Audit Officer for Disbursement	-	-
7	Financial Assistance for Sports	G2C	21 Days	2	Centre Director	Scrutinize the supporting documents submitted by the applicant and forward to	Assistant Welfare Commissioner	Approve / Rejection of application upon satisfactory compliance with all requirements & send to	-	-

Sr. No.	Name of Scheme	Type of Scheme	Prescribed Scheme Delivery Timeline	Number of Desks	Desk-1	Responsibilities of Desk-1	Desk-2	Responsibilities of Desk-2	Desk-3	Responsibilities of Desk-3
						next level or return for correction to Applicant.		Account / Audit Officer for Disbursement		
8	Financial Assistance for Purchase of Textbooks	G2C	21 Days	2	Centre Director	Scrutinize the supporting documents submitted by the applicant and forward to next level or return for correction to Applicant.	Labour Welfare Officer	Approve / Rejection of application upon satisfactory compliance with all requirements & send to Account / Audit Officer for Disbursement	-	-
9	Literature Publication Grants Scheme	G2C	21 Days	2	Centre Director	Scrutinize the supporting documents submitted by the applicant and forward to next level or return for correction to Applicant.	Assistant Welfare Commissioner	Approve / Rejection of application upon satisfactory compliance with all requirements & send to Account / Audit Officer for Disbursement	-	-
10	Driver Training Scheme	G2C	21 Days	2	Centre Director	Scrutinize the supporting documents submitted by the applicant and forward to next level or return for correction to Applicant.	Labour Welfare Officer	Approve / Rejection of application upon satisfactory compliance with all requirements & send to Account / Audit Officer for Disbursement	-	-

Sr. No.	Name of Scheme	Type of Scheme	Prescribed Scheme Delivery Timeline	Number of Desks	Desk-1	Responsibilities of Desk-1	Desk-2	Responsibilities of Desk-2	Desk-3	Responsibilities of Desk-3
11	Financial assistance scheme of Rs.20,000/- for education of a construction worker child who has passed the 9th standard (For 1st two children)	G2C	45 days	2	Clerk	Verify submitted documents of worker	Registration Officer	Check remarks of clerk and authority to accept or reject the application	-	-
12	Financial assistance scheme of ₹25,000 for education of the child of a construction worker who has passed the 11th standard (For 1st two children).	G2C	45 days	2	Clerk	Verify submitted documents of worker	Registration Officer	Check remarks of clerk and authority to accept or reject the application	-	-
13	Financial assistance scheme of Rs. 1,00,000/- per year for construction worker child pursuing medical degree	G2C	45 days	2	Clerk	Verify submitted documents of worker	Registration Officer	Check remarks of clerk and authority to accept or reject the application	-	-

Sr. No.	Name of Scheme	Type of Scheme	Prescribed Scheme Delivery Timeline	Number of Desks	Desk-1	Responsibilities of Desk-1	Desk-2	Responsibilities of Desk-2	Desk-3	Responsibilities of Desk-3
14	Financial assistance scheme of Rs. 60,000/- per year for construction worker child pursuing an engineering degree	G2C	45 days	2	Clerk	Verify submitted documents of worker	Registration Officer	Check remarks of clerk and authority to accept or reject the application	-	-
15	Financial assistance of Rs.6,50,000/- to legal heir of registered construction worker in case of Accidental death	G2C	45 days	2	Clerk	Verify submitted documents of worker	Registration Officer	Check remarks of clerk and authority to accept or reject the application	-	-
16	Financial assistance of Rs. 3,50,000/- to legal heir of registered construction worker in case of Natural death	G2C	45 days	2	Clerk	Verify submitted documents of worker	Registration Officer	Check remarks of clerk and authority to accept or reject the application	-	-
17	Disability Assistance Scheme for Construction Workers: Rs. 2,00,000/-	G2C	45 days	2	Clerk	Verify submitted documents of worker	Registration Officer	Check remarks of clerk and authority to accept or reject the application	-	-

Sr. No.	Name of Scheme	Type of Scheme	Prescribed Scheme Delivery Timeline	Number of Desks	Desk-1	Responsibilities of Desk-1	Desk-2	Responsibilities of Desk-2	Desk-3	Responsibilities of Desk-3
18	Maternity Assistance of Rs. 25,000/- for the first Two children of registered Women construction worker	G2C	45 days	2	Clerk	Verify submitted documents of worker	Registration Officer	Check remarks of clerk and authority to accept or reject the application	-	-

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Annexure C3: Required Documents (Schemes)

Sr. No.	Name of Scheme	Sr. No.	Documents Required for the Service – Pre GPR	Documents Required for the Service – Post GPR
1	Financial Assistance for Critical Illness Treatment	1	Hospital Bills / Treatment Receipts	Hospital Bills / Treatment Receipts
		2	Medical Report / MLC / Surgeon Certificate	Medical Report / Medico Legal Certificate / Surgeon Certificate
		3	Operation Discharge Summary	Operation Discharge Summary
		4	Bank Passbook Copy	
		5	Personal Identity Proof (Aadhar)	
		6	Sugar factory Labours should attach proof of deduction under the Maharashtra Labour Welfare Fund (MLWB) (If applicable.)	
		7	For retired / voluntary retirement / Labours from closed industries/ Death Certificate, attach required proof as per clause no 14	
2	MS-CIT Financial Assistance Scheme	1	MKCL Admission Receipt	MKCL Admission Receipt
		2	MS-CIT Certificate/Marksheet	MS-CIT Certificate/Marksheet
		3	Course Fees Receipt	Course Fees Receipt
		4	Personal Identity Proof (Aadhar)	
		5	Sugar factory Labours should attach proof of deduction under the Maharashtra Labour Welfare Fund (MLWB) (If applicable.)	
		6	For retired / voluntary retirement / Labours from closed industries/ Death Certificate, attach required proof as per clause no 14	
3	Grant for Purchase of Sewing Machines Scheme	1	Sewing Training Certificate (Who has attended the class at MLWB Centers)	Sewing Training Certificate (Who has attended the class at MLWB Centers) - proposed to be autofetched from MLWB portal.
		2	Purchased receipt of Sewing Machine (The applicant should purchase the item as per the sewing machine specification and submit the receipt along with the application. After that, the sanctioned amount will be deposited in their bank account.)	Purchased receipt of Sewing Machine (The applicant should purchase the item as per the sewing machine specification and submit the receipt along with the application. After that, the sanctioned amount will be deposited in their bank account.)
		3	Bank Cancelled Cheque/Passbook	
		4	Personal Identity Proof (Aadhar)	
		5	Sugar factory Labours should attach proof of deduction under the Maharashtra Labour Welfare Fund (MLWB) (If applicable.)	

Sr. No.	Name of Scheme	Sr. No.	Documents Required for the Service – Pre GPR	Documents Required for the Service – Post GPR
		6	For retired / voluntary retirement / Labours from closed industries/ Death Certificate, attach required proof as per clause no 14	
4	Government Computer Typing Basic Course	1	Govt. Computer Typing Certificate Marathi/ English 30/40 wpm	Govt. Computer Typing Certificate Marathi/ English 30/40 wpm
		2	Course Fees Receipt	Course Fees Receipt
		3	Bank Passbook/Cancel Cheque	
		4	Personal Identity Proof (Aadhar)	
		5	Sugar factory Labours should attach proof of deduction under the Maharashtra Labour Welfare Fund (MLWB) (If applicable.)	
		6	For retired / voluntary retirement / Labours from closed industries/ Death Certificate, attach required proof as per clause no 14	
5	Financial Assistance for General Educational	**General Education Scholarship**		
		1	Marksheet	Marksheet
		2	Bonafide Certificate	Bonafide Certificate
		3	Bank Passbook (First Page)	If there is a Grade/ Point, attach the Percentage conversion certificate issued by the college/university
		4	Gap Certificate	
		5	Fee Receipt	
		6	If there is a Grade/ Point, attach the Percentage conversion certificate issued by the college/university	
		7	Personal Identity Proof (Aadhar)	
		8	Sugar factory Labours should attach proof of deduction under the Maharashtra Labour Welfare Fund (MLWB) (If applicable.)	
		9	For retired / voluntary retirement / Labours from closed industries/ Death Certificate, attach required proof as per clause no 14	
		Documents for (MPSC/ UPSC scholarship)		
		1	MPSC/UPSC Pre exam Marksheet/Certificate	MPSC/UPSC Pre exam Marksheet/Certificate
		2	Student Aadhaar Card	
		3	Bank Passbook/Statement	

Sr. No.	Name of Scheme	Sr. No.	Documents Required for the Service – Pre GPR	Documents Required for the Service – Post GPR
		4	Government Self-Declaration	
		5	Sugar factory Labours should attach proof of deduction under the Maharashtra Labour Welfare Fund (MLWB) (If applicable.)	
		6	For retired / voluntary retirement / Labours from closed industries/ Death Certificate, attach required proof as per clause no 14	
		Documents for (PhD scholarship)		
		1	PhD Registration Letter	PhD Registration Letter
		2	Student Aadhaar Card	
		3	Bank Passbook/Statement	
		4	Government Self-Declaration	
		5	Sugar factory Labours should attach proof of deduction under the Maharashtra Labour Welfare Fund (MLWB) (If applicable.)	
		6	For retired / voluntary retirement / Labours from closed industries/ Death Certificate, attach required proof as per clause no 14	
6	Financial Assistance for Foreign Higher Education	1	Degree Marksheet (both sems if semester)	Degree Marksheet (both semesters if semester)
		2	Current Year Bonafide Certificate	Current Year Bonafide Certificate
		3	Bank Cancelled Cheque / Passbook	Foreign Admission Letter
		4	Residence Proof	Air Ticket
		5	Foreign Admission Letter	Passport & Visa (with immigration Stamped Copy)
		6	Air Ticket	If there is a Grade/ Point, attach the Percentage conversion certificate issued by the college/university
		7	Passport & Visa (with immigration Stamped Copy)	
		8	If there is a Grade/ Point, attach the Percentage conversion certificate issued by the college/university	
		9	Self-Declaration (Letter B)	
		10	Sugar factory Labours should attach proof of deduction under the Maharashtra Labour Welfare Fund (MLWB) (If applicable.)	

Sr. No.	Name of Scheme	Sr. No.	Documents Required for the Service – Pre GPR	Documents Required for the Service – Post GPR
		11	For retired / voluntary retirement / Labours from closed industries/ Death Certificate, attach required proof as per clause no 14	
7	Financial Assistance for Sports	1	Sports Rank Certificate (Certified by District Sports Officer)	Sports Rank Certificate (Certified by District Sports Officer)
		2	Self-undertaking – No Duplicate Claim	
		3	Bank Cancelled Cheque / Passbook	
		4	Self-Declaration (Form B)	
		5	Sugar factory Labours should attach proof of deduction under the Maharashtra Labour Welfare Fund (MLWB) (If applicable.)	
		6	For retired / voluntary retirement / Labours from closed industries/ Death Certificate, attach required proof as per clause no 14	
8	Financial Assistance for Purchase of Textbooks	1	Parent's Income Certificate (Form No. 16) or Income Tax Return (ITR) Proof/certificate issued by competent authority	Bonafide Certificate of current academic year
		2	Bonafide Certificate of current academic year	Original bill for purchase of Curriculum textbooks (excluding guides and reference books etc.)
		3	Original bill for purchase of Curriculum textbooks (excluding guides and reference books etc.)	
		4	Personal Identity Proof (Aadhar)	
		5	Sugar factory Labours should attach proof of deduction under the Maharashtra Labour Welfare Fund (MLWB) (If applicable.)	
		6	For retired / voluntary retirement / Labours from closed industries/ Death Certificate, attach required proof as per clause no 14	
9	Literature Publication Grants Scheme	1	Bills for expenses incurred for literature/publication (receipt)	Bills for expenses incurred for literature/publication (receipt)
		2	Bank passbook or cancelled cheque containing bank account number, bank IFSC code	Upload Book's PDF File
		3	Self-declaration for self-certification (Form B)	
		4	Upload Book's PDF File	
		5	Personal Identity Proof (Aadhar)	
		6	Sugar factory Labours should attach proof of deduction under the Maharashtra Labour Welfare Fund (MLWB) (If applicable.)	

Sr. No.	Name of Scheme	Sr. No.	Documents Required for the Service – Pre GPR	Documents Required for the Service – Post GPR
		7	For retired / voluntary retirement / Labours from closed industries/ Death Certificate, attach required proof as per clause no 14	
10	Driver Training Scheme	1	Learning Licence	Learning Licence
		2	Final Driving Licence	Final Driving Licence
		3	Training Fees Paid Receipt	Training Fees Paid Receipt
		4	Aadhar Card	
		5	Sugar factory Labours should attach proof of deduction under the Maharashtra Labour Welfare Fund (MLWB) (If applicable.)	
		6	Bank Cancelled Cheque / Passbook	
		7	For retired / voluntary retirement / Labours from closed industries/ Death Certificate, attach required proof as per clause no 14	
11	Financial assistance scheme of Rs.20,000/- for education of a construction worker child who has passed the 9th standard (For 1st two children's)	1	NA	Child's Aadhaar card
		2		Child's school identity card for Class 9th
		3		Child's mark sheet showing successful completion of Class 9
12	Financial assistance scheme of ₹25,000 for education of the child of a construction worker who has passed the 11th standard (For 1st two children's).	1	NA	Child's Aadhaar card
		2		Child's school identity card for Class 11th
		3		Child's mark sheet showing successful completion of Class 11
13	Financial assistance scheme of Rs. 1,00,000/- per year for construction worker child pursuing medical degree	1	NA	Child's Aadhaar card
		2		Identity card of the college where the child is pursuing a degree.
		3		Bonafide certificate for the current academic year
		4		Marksheet of the year of passed
14	Financial assistance scheme of Rs. 60,000/- per year for construction worker child pursuing an engineering degree	1	NA	Child's Aadhaar card
		2		Identity card of the college where the child is pursuing a degree.
		3		Bonafide certificate for the current academic year
		4		Marksheet of the year of passed

Sr. No.	Name of Scheme	Sr. No.	Documents Required for the Service – Pre GPR	Documents Required for the Service – Post GPR
15	Financial assistance of Rs.6,50,000/- to legal heir of registered construction worker in case of Accidental death	1	NA	Death certificate issued by competent Authority
		2		Succession Certificate
		3		Copy of FIR and Panchnama
		4		Copy of passbook of Nominee/Legacy
		5		Aadhar Card of Heir
16	Financial assistance of Rs. 3,50,000/- to legal heir of registered construction worker in case of Natural death	1	NA	Death certificate issued by competent Authority
		2		Succession Certificate
		3		Copy of passbook of Nominee/Legacy
		4		Aadhar Card of Heir
17	Disability Assistance Scheme for Construction Workers: Rs. 2,00,000/-	1	NA	Civil Surgeon Certificate of 75% disability
18	Maternity Assistance of Rs. 25,000/- for the first Two children of registered Women construction worker	1	NA	Childbirth Registration Certificate/Civil Surgeon Certificate

IDZES ANGMO KUNDAN

Digitally signed by IDZES ANGMO KUNDAN
DN: c=IN, o=GOVERNMENT OF MAHARASHTRA, ou=IELMD, 2.5.4.20=26DF3EE105BC8F700CC0069313E2A264100C5353331BA68C218B924051D00964, postalCode=400032, st=Maharashtra, serialNumber=AA188B11337CE1026F89679E39BA8F2956468A2F897C4006AFDD248106CEB3EB, cn=IDZES ANGMO KUNDAN
Date: 2026.11.17 13:18:26 +05'30'

(आय.ए.कुंदन)
अपर मुख्य सचिव, महाराष्ट्र शासन

Annexure C4: (1)

Financial Assistance for Critical Illness Treatment

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remark
LIN No.	Mandatory	No	Number	
Labour’s Full Name	Mandatory	Yes	Text	Fetched from database
Labour's Annual Income	Mandatory	No	Number	Proposed auto fetch from Maha Sarthi
Division	Mandatory	yes	Text	Fetched from database
Circle	Mandatory	Yes	Text	Fetched from database
Center	Mandatory	Yes	Text	Fetched from database
Establishment Name & Address	Mandatory	Yes	Long Text	Fetched from database
Last Contribution Paid	Mandatory	Yes	Number	Fetched from database
Applicable For	Mandatory	No	Dropdown	
Aadhaar No.	Mandatory	Yes	Number	Fetched from database
Applicant's Full Name	Mandatory	Yes	Long Text	Fetched from database
Gender	Mandatory	Yes	Dropdown	Fetched from database
Date of Birth	Mandatory	Yes	Date	Fetched from database
Postal Address	Mandatory	Yes	Long Text	Fetched from database
Applicant's District	Mandatory	Yes	Text	Fetched from database
Applicant's Taluka	Mandatory	Yes	Text	Fetched from database
Applicant's Pincode	Mandatory	Yes	Number	Fetched from database
Phone No.	Mandatory	No	Number	Fetched from database
Email Id	Non-Mandatory	No	Email	
Is Handicap Person?	Mandatory	Yes	Radio Button	Fetched from database
Patient's Full Name	Mandatory	No	Text	
Applicant's Relation	Mandatory	No	Text	
Name of Disease	Mandatory	No	Dropdown	
Hospital Name, Address & Phone No.	Mandatory	No	Text	
Total Expenses for treatment / Surgery	Mandatory	No	Number	

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remark
Declaration: I hereby declare that the information, documents, and supporting records submitted by me are true, complete, and genuine to the best of my knowledge and belief. I confirm that no false, misleading, or fabricated information has been provided. I understand that if any information or document is found to be false, incorrect, misleading, misrepresenting or fraudulent at any stage, my application may be rejected or cancelled, any benefits or assistance disbursed may be recovered, and I may be liable for prosecution, penalties, or other actions under the Bharatiya Nyaya Sanhita (BNS), 2023, and any other relevant laws. I also undertake to comply with all applicable laws to me.	Mandatory	No	Checkbox	
Aadhar based OTP	Mandatory	No	Number	Integrated with Aadhar
Final Submit	Mandatory	No	Button	

Annexure C4: (2)

MS-CIT Financial Assistance Scheme

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remark
LIN No.	Mandatory	No	Number	
Labour’s Full Name	Mandatory	Yes	Text	Fetched from database
Labour's Annual Income	Mandatory	No	Number	Proposed auto fetch from Maha Sarthi
Division	Mandatory	yes	Text	Fetched from database
Circle	Mandatory	Yes	Text	Fetched from database
Center	Mandatory	Yes	Text	Fetched from database
Establishment Name & Address	Mandatory	Yes	Long Text	Fetched from database
Last Contribution Paid	Mandatory	Yes	Number	Fetched from database
Applicable For	Mandatory	No	Dropdown	
Aadhaar No.	Mandatory	Yes	Number	Fetched from database
Applicant's Full Name	Mandatory	Yes	Long Text	Fetched from database
Gender	Mandatory	Yes	Dropdown	Fetched from database
Date of Birth	Mandatory	Yes	Date	Fetched from database
Postal Address	Mandatory	Yes	Long Text	Fetched from database
Applicant's District	Mandatory	Yes	Text	Fetched from database
Applicant's Taluka	Mandatory	Yes	Text	Fetched from database
Applicant's Pincode	Mandatory	Yes	Number	Fetched from database
Phone No.	Mandatory	No	Number	Fetched from database
Email Id	Non-Mandatory	No	Email	
Is Handicap Person?	Mandatory	Yes	Radio Button	Fetched from database
Name & Address of Institution (MS-CIT Centre)	Mandatory	No	Long Text	
Year of Passing the Exam	Mandatory	No	Dropdown	
Month of Passing	Mandatory	No	Dropdown	
Percentage	Mandatory	Yes	Number	Auto calculated by system
MSCIT Course Paid Fees	Mandatory	No	Number	

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remark
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Aadhar based OTP	Mandatory	No	Number	
Final Submit	Mandatory	No	Button	

Annexure C4: (3)

Grant for Purchase of Sewing Machines Scheme

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remark
LIN No.	Mandatory	No	Number	
Labour’s Full Name	Mandatory	Yes	Text	Fetched from database
Labour's Annual Income	Mandatory	No	Number	Proposed auto fetch from Maha Sarthi
Division	Mandatory	yes	Text	Fetched from database
Circle	Mandatory	Yes	Text	Fetched from database
Center	Mandatory	Yes	Text	Fetched from database
Establishment Name & Address	Mandatory	Yes	Long Text	Fetched from database
Last Contribution Paid	Mandatory	Yes	Number	Fetched from database
Applicable For	Mandatory	No	Dropdown	
Aadhaar No.	Mandatory	Yes	Number	Fetched from database
Applicant's Full Name	Mandatory	Yes	Long Text	Fetched from database
Gender	Mandatory	Yes	Dropdown	Fetched from database
Date of Birth	Mandatory	Yes	Date	Fetched from database
Postal Address	Mandatory	Yes	Long Text	Fetched from database
Applicant's District	Mandatory	Yes	Text	Fetched from database
Applicant's Taluka	Mandatory	Yes	Text	Fetched from database
Applicant's Pincode	Mandatory	Yes	Number	Fetched from database
Phone No.	Mandatory	No	Number	Fetched from database
Email Id	Non-Mandatory	No	Email	
Is Handicap Person?	Mandatory	Yes	Radio Button	Fetched from database
Government Approved Sewing Class Name	Mandatory	No	Text	
Year of Passing the Sewing Class	Mandatory	No	Dropdown	Proposed integration from MLWB database for the training provide by them

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remark
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Aadhar based OTP	Mandatory	No	Number	
Final Submit	Mandatory	No	Button	

Annexure C4: (4)

Government Computer Typing Basic Course

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remark
LIN No.	Mandatory	No	Number	
Labour’s Full Name	Mandatory	Yes	Text	Fetched from database
Labour's Annual Income	Mandatory	No	Number	Proposed auto fetch from Maha Sarthi
Division	Mandatory	yes	Text	Fetched from database
Circle	Mandatory	Yes	Text	Fetched from database
Center	Mandatory	Yes	Text	Fetched from database
Establishment Name & Address	Mandatory	Yes	Long Text	Fetched from database
Last Contribution Paid	Mandatory	Yes	Number	Fetched from database
Applicable For	Mandatory	No	Dropdown	
Aadhaar No.	Mandatory	Yes	Number	Fetched from database
Applicant's Full Name	Mandatory	Yes	Long Text	Fetched from database
Gender	Mandatory	Yes	Dropdown	Fetched from database
Date of Birth	Mandatory	Yes	Date	Fetched from database
Postal Address	Mandatory	Yes	Long Text	Fetched from database
Applicant's District	Mandatory	Yes	Text	Fetched from database
Applicant's Taluka	Mandatory	Yes	Text	Fetched from database
Applicant's Pincode	Mandatory	Yes	Number	Fetched from database
Phone No.	Mandatory	No	Number	Fetched from database
Email Id	Non-Mandatory	No	Email	
Is Handicap Person?	Mandatory	Yes	Radio Button	Fetched from database
Educational Qualification	Mandatory	Yes	Text	Fetched from database
Name & Address of Institution	Mandatory	No	Dropdown	
Year of Passing the Exam	Mandatory	No	Dropdown	
Month of Passing	Mandatory	No	Dropdown	
GCC-TBC Course Name (Marathi)	Non-Mandatory	No	Text Input	
Marathi – Percentage	Mandatory	Yes	Number	Fetched from database
GCC-TBC Course Name (English)	Non-Mandatory	No	Text	

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remark
English – Percentage	Mandatory	Yes	Number	Fetched from database
GCC-TBC Course Paid Fees	Mandatory	No	Number	
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OTP Validation - Aadhar	Mandatory	No	Number	
Final Submit	Mandatory	No	Button	

Annexure C4: (5)

Financial Assistance for General Education

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remark
LIN No.	Mandatory	No	Number	
Labour’s Full Name	Mandatory	Yes	Text	Fetched from database
Labour's Annual Income	Mandatory	No	Number	Proposed auto fetch from Maha Sarthi
Division	Mandatory	yes	Text	Fetched from database
Circle	Mandatory	Yes	Text	Fetched from database
Center	Mandatory	Yes	Text	Fetched from database
Establishment Name & Address	Mandatory	Yes	Long Text	Fetched from database
Last Contribution Paid	Mandatory	Yes	Number	Fetched from database
Applicable For	Mandatory	No	Dropdown	
Aadhaar No.	Mandatory	Yes	Number	Fetched from database
Applicant's Full Name	Mandatory	Yes	Long Text	Fetched from database
Gender	Mandatory	Yes	Dropdown	Fetched from database
Date of Birth	Mandatory	Yes	Date	Fetched from database
Postal Address	Mandatory	Yes	Long Text	Fetched from database
Applicant's District	Mandatory	Yes	Text	Fetched from database
Applicant's Taluka	Mandatory	Yes	Text	Fetched from database
Applicant's Pincode	Mandatory	Yes	Number	Fetched from database
Phone No.	Mandatory	No	Number	Fetched from database
Email Id	Non-Mandatory	No	Email	
Is Handicap Person?	Mandatory	Yes	Radio Button	Fetched from database
Scholarship Scheme	Mandatory	Yes	Radio Button	
Grade Point	Non-Mandatory	No	Text	
Education Pattern	Mandatory	No	Radio Button	
Standard [Yearly]	Mandatory	No	Dropdown	
Course Name [Yearly]	Mandatory	No	Text Input	
Last Education Year [Yearly]	Mandatory	No	Dropdown	
Percentage [Yearly]	Mandatory	No	Number	Auto calculated by system

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remark
Semester Fields (Sem 1 & 2 Marks, Total, %)	Non-Mandatory	No	Radio Button	
Applicant's Current Standard	Mandatory	No	Dropdown	
Scholarship Amount	Mandatory	Yes	Number	Fetched from database
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Aadhar based OTP	Mandatory	No	Number	
Final Submit	Mandatory	No	Button	

Annexure C4: (6)

Financial Assistance for Foreign Higher Education

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remark
LIN No.	Mandatory	No	Number	
Labour’s Full Name	Mandatory	Yes	Text	Fetched from database
Labour's Annual Income	Mandatory	No	Number	Proposed auto fetch from Maha Sarthi
Division	Mandatory	yes	Text	Fetched from database
Circle	Mandatory	Yes	Text	Fetched from database
Center	Mandatory	Yes	Text	Fetched from database
Establishment Name & Address	Mandatory	Yes	Long Text	Fetched from database
Last Contribution Paid	Mandatory	Yes	Number	Fetched from database
Applicable For	Mandatory	No	Dropdown	
Aadhaar No.	Mandatory	Yes	Number	Fetched from database
Applicant's Full Name	Mandatory	Yes	Long Text	Fetched from database
Gender	Mandatory	Yes	Dropdown	Fetched from database
Date of Birth	Mandatory	Yes	Date	Fetched from database
Postal Address	Mandatory	Yes	Long Text	Fetched from database
Applicant's District	Mandatory	Yes	Text	Fetched from database
Applicant's Taluka	Mandatory	Yes	Text	Fetched from database
Applicant's Pincode	Mandatory	Yes	Number	Fetched from database
Phone No.	Mandatory	No	Number	Fetched from database
Email Id	Non-Mandatory	No	Email	
Is Handicap Person?	Mandatory	Yes	Radio Button	Fetched from database
Passport No	Mandatory	No	Text	
Abroad – Course Name	Mandatory	No	Text Input	
Abroad – Standard / Level	Mandatory	No	Text Input	
College Name	Mandatory	No	Text Input	
College Address	Mandatory	No	Text Input	
Applicant's Current Course Year	Mandatory	No	Dropdown	
Education Pattern	Mandatory	No	Radio Button	

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remark
Course [Yearly]	Mandatory	No	Dropdown	
Course Name [Yearly]	Mandatory	No	Text Input	
Last Education Year [Yearly]	Mandatory	No	Dropdown	
Percentage [Yearly]	Mandatory	Yes	Number	Auto calculated by system
Semester Fields (Sem 1 & 2, Total, %)	Non-Mandatory	No	Radio Button	
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Aadhar based OTP	Mandatory	No	Number	
Final Submit	Mandatory	No	Button	

Annexure C4: (7)

Financial Assistance for Sports

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remark
LIN No.	Mandatory	No	Number	
Labour’s Full Name	Mandatory	Yes	Text	Fetched from database
Labour's Annual Income	Mandatory	No	Number	Proposed auto fetch from Maha Sarthi
Division	Mandatory	yes	Text	Fetched from database
Circle	Mandatory	Yes	Text	Fetched from database
Center	Mandatory	Yes	Text	Fetched from database
Establishment Name & Address	Mandatory	Yes	Long Text	Fetched from database
Last Contribution Paid	Mandatory	Yes	Number	Fetched from database
Applicable For	Mandatory	No	Dropdown	
Aadhaar No.	Mandatory	Yes	Number	Fetched from database
Applicant's Full Name	Mandatory	Yes	Long Text	Fetched from database
Gender	Mandatory	Yes	Dropdown	Fetched from database
Date of Birth	Mandatory	Yes	Date	Fetched from database
Postal Address	Mandatory	Yes	Long Text	Fetched from database
Applicant's District	Mandatory	Yes	Text	Fetched from database
Applicant's Taluka	Mandatory	Yes	Text	Fetched from database
Applicant's Pincode	Mandatory	Yes	Number	Fetched from database
Phone No.	Mandatory	No	Number	Fetched from database
Email Id	Non-Mandatory	No	Email	
Is Handicap Person?	Mandatory	Yes	Radio Button	Fetched from database
Sport Type	Mandatory	No	Dropdown	
Sport Name	Mandatory	No	Dropdown	
Sport Rank	Mandatory	No	Dropdown	

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remark
Declaration: I hereby declare that the information, documents, and supporting records submitted by me are true, complete, and genuine to the best of my knowledge and belief. I confirm that no false, misleading, or fabricated information has been provided. I understand that if any information or document is found to be false, incorrect, misleading, misrepresenting or fraudulent at any stage, my application may be rejected or cancelled, any benefits or assistance disbursed may be recovered, and I may be liable for prosecution, penalties, or other actions under the Bharatiya Nyaya Sanhita (BNS), 2023, and any other relevant laws. I also undertake to comply with all applicable laws to me.	Mandatory	No	Checkbox	
Aadhar based OTP	Mandatory	No	Number	
Final Submit	Mandatory	No	Button	

Annexure C4: (8)

Financial Assistance for Purchase of Textbooks

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remark
LIN No.	Mandatory	No	Number	
Labour’s Full Name	Mandatory	Yes	Text	Fetched from database
Labour's Annual Income	Mandatory	No	Number	Proposed auto fetch from Maha Sarthi
Division	Mandatory	yes	Text	Fetched from database
Circle	Mandatory	Yes	Text	Fetched from database
Center	Mandatory	Yes	Text	Fetched from database
Establishment Name & Address	Mandatory	Yes	Long Text	Fetched from database
Last Contribution Paid	Mandatory	Yes	Number	Fetched from database
Applicable For	Mandatory	No	Dropdown	
Aadhaar No.	Mandatory	Yes	Number	Fetched from database
Applicant's Full Name	Mandatory	Yes	Long Text	Fetched from database
Gender	Mandatory	Yes	Dropdown	Fetched from database
Date of Birth	Mandatory	Yes	Date	Fetched from database
Postal Address	Mandatory	Yes	Long Text	Fetched from database
Applicant's District	Mandatory	Yes	Text	Fetched from database
Applicant's Taluka	Mandatory	Yes	Text	Fetched from database
Applicant's Pincode	Mandatory	Yes	Number	Fetched from database
Phone No.	Mandatory	No	Number	Fetched from database
Email Id	Non-Mandatory	No	Email	
Is Handicap Person?	Mandatory	Yes	Radio Button	Fetched from database
Educational Qualification	Mandatory	Yes	Text	Fetched from database
Textbook Table	Mandatory	No	Button	
Serial Textbook Name	Mandatory	No	Text	
Price	Mandatory	No	Text	
Total Price	Mandatory	Yes	Text + Number	Auto calculated by system

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remark
Declaration: I hereby declare that the information, documents, and supporting records submitted by me are true, complete, and genuine to the best of my knowledge and belief. I confirm that no false, misleading, or fabricated information has been provided. I understand that if any information or document is found to be false, incorrect, misleading, misrepresenting or fraudulent at any stage, my application may be rejected or cancelled, any benefits or assistance disbursed may be recovered, and I may be liable for prosecution, penalties, or other actions under the Bharatiya Nyaya Sanhita (BNS), 2023, and any other relevant laws. I also undertake to comply with all applicable laws to me.	Mandatory	No	Checkbox	
Aadhar based OTP	Mandatory	No	Number	
Final Submit	Mandatory	No	Button	

Annexure C4: (9)

Literature Publication Grants Scheme

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remark
LIN No.	Mandatory	No	Number	
Labour’s Full Name	Mandatory	Yes	Text	Fetched from database
Labour's Annual Income	Mandatory	No	Number	Proposed auto fetch from Maha Sarthi
Division	Mandatory	yes	Text	Fetched from database
Circle	Mandatory	Yes	Text	Fetched from database
Center	Mandatory	Yes	Text	Fetched from database
Establishment Name & Address	Mandatory	Yes	Long Text	Fetched from database
Last Contribution Paid	Mandatory	Yes	Number	Fetched from database
Applicable For	Mandatory	No	Dropdown	
Aadhaar No.	Mandatory	Yes	Number	Fetched from database
Applicant's Full Name	Mandatory	Yes	Long Text	Fetched from database
Gender	Mandatory	Yes	Dropdown	Fetched from database
Date of Birth	Mandatory	Yes	Date	Fetched from database
Postal Address	Mandatory	Yes	Long Text	Fetched from database
Applicant's District	Mandatory	Yes	Text	Fetched from database
Applicant's Taluka	Mandatory	Yes	Text	Fetched from database
Applicant's Pincode	Mandatory	Yes	Number	Fetched from database
Phone No.	Mandatory	No	Number	Fetched from database
Email Id	Non-Mandatory	No	Email	
Is Handicap Person?	Mandatory	Yes	Radio Button	Fetched from database
Educational Qualification	Mandatory	Yes	Text	Fetched from database
Applicant's Designation	Non-Mandatory	No	Text Input	
Book Name	Mandatory	No	Text Input	
Literature Type	Mandatory	No	Dropdown	
Book Publish Date	Mandatory	No	Date	
Publishing Expenses	Mandatory	No	Number	

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remark
International Standard Book No. (ISBN)	Mandatory	No	Alphanumeric Input	
Publisher's Name & Address	Mandatory	No	Text Input	
Declaration: I hereby declare that the information, documents, and supporting records submitted by me are true, complete, and genuine to the best of my knowledge and belief. I confirm that no false, misleading, or fabricated information has been provided. I understand that if any information or document is found to be false, incorrect, misleading, misrepresenting or fraudulent at any stage, my application may be rejected or cancelled, any benefits or assistance disbursed may be recovered, and I may be liable for prosecution, penalties, or other actions under the Bharatiya Nyaya Sanhita (BNS), 2023, and any other relevant laws. I also undertake to comply with all applicable laws to me.	Mandatory	No	Checkbox	
Aadhar based OTP	Mandatory	No	Number	
Final Submit	Mandatory	No	Button	

Annexure C4: (10)

Driver Training Scheme

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remark
LIN No.	Mandatory	No	Number	
Labour’s Full Name	Mandatory	Yes	Text	Fetched from database
Labour's Annual Income	Mandatory	No	Number	Proposed auto fetch from Maha Sarthi
Division	Mandatory	yes	Text	Fetched from database
Circle	Mandatory	Yes	Text	Fetched from database
Center	Mandatory	Yes	Text	Fetched from database
Establishment Name & Address	Mandatory	Yes	Long Text	Fetched from database
Last Contribution Paid	Mandatory	Yes	Number	Fetched from database
Applicable For	Mandatory	No	Dropdown	
Aadhaar No.	Mandatory	Yes	Number	Fetched from database
Applicant's Full Name	Mandatory	Yes	Long Text	Fetched from database
Gender	Mandatory	Yes	Dropdown	Fetched from database
Date of Birth	Mandatory	Yes	Date	Fetched from database
Postal Address	Mandatory	Yes	Long Text	Fetched from database
Applicant's District	Mandatory	Yes	Text	Fetched from database
Applicant's Taluka	Mandatory	Yes	Text	Fetched from database
Applicant's Pincode	Mandatory	Yes	Number	Fetched from database
Phone No.	Mandatory	No	Number	Fetched from database
Email Id	Non-Mandatory	No	Email	
Is Handicap Person?	Mandatory	Yes	Radio Button	Fetched from database
Educational Qualification	Mandatory	Yes	Text	Fetched from database
Driving School Name	Mandatory	No	Text	
Date of Issuance of Learning Licence	Mandatory	No	Date	
Date of Issuance of Permanent Licence	Mandatory	No	Date	
Fees	Mandatory	No	Number	

Field Name	Mandatory Status	Auto-Fetched	Field Type	Remark
Declaration: I hereby declare that the information, documents, and supporting records submitted by me are true, complete, and genuine to the best of my knowledge and belief. I confirm that no false, misleading, or fabricated information has been provided. I understand that if any information or document is found to be false, incorrect, misleading, misrepresenting or fraudulent at any stage, my application may be rejected or cancelled, any benefits or assistance disbursed may be recovered, and I may be liable for prosecution, penalties, or other actions under the Bharatiya Nyaya Sanhita (BNS), 2023, and any other relevant laws. I also undertake to comply with all applicable laws to me.	Mandatory	No	Checkbox	
Aadhar based OTP	Mandatory	No	Number	
Final Submit	Mandatory	No	Button	

Annexure C4: (11)

Financial assistance scheme of Rs.20,000/- for education of a construction worker child who has passed the 9th standard (For 1st two children)

Field Name	Mandatory Status	Auto-Fetched	Field type	Remarks
Worker Registration Number	Mandatory	No	Number	
Registration Date	Mandatory	Yes	Date	Autofetch from Worker Registration
Last Renewal Date	Mandatory	Yes	Number	Autofetch from Worker Registration
Full Name as per Aadhar	Mandatory	Yes	Long Text	Autofetch from Worker Registration
Mobile Number	Non-Mandatory	Yes	Number	Autofetch from Worker Registration
IFSC Code	Mandatory	Yes	Text	Autofetch from Worker Registration
Bank Name	Mandatory	Yes	Text	Autofetch from Worker Registration
Bank Branch	Mandatory	Yes	Text	Autofetch from Worker Registration
Bank Address	Mandatory	Yes	Long Text	Autofetch from Worker Registration
Account Number	Mandatory	Yes	Number	Autofetch from Worker Registration
Confirm Account Number	Non-Mandatory	Yes	Number	Autofetch from Worker Registration
Select Scheme Category	Mandatory	No	Dropdown	
Select Scheme	Mandatory	No	Dropdown	
Name of the Child	Mandatory	Yes	Dropdown	Autofetch from Worker Registration
Child Aadhar Card Number	Mandatory	Yes	Long Text	Autofetch from Worker Registration
Age	Mandatory	Yes	Number	Auto calculated
Standard	Mandatory	No	Dropdown	
Passing Date	Mandatory	No	Date	
Student Saral ID/APAAR ID	Mandatory	No	Number	Proposed Integration with APAAR
Student Name	Mandatory	Yes	Long Text	Integrated with SARAL Portal/ Proposed Integration with APAAR
Date Of Birth	Mandatory	Yes	Date	Integrated with SARAL Portal/ Proposed Integration with APAAR
Gender	Mandatory	Yes	Text	Integrated with SARAL Portal/ Proposed Integration with APAAR
Student Id	Mandatory	Yes	Number	Integrated with SARAL Portal/ Proposed Integration with APAAR
Standard Id	Mandatory	Yes	Number	Integrated with SARAL Portal/ Proposed Integration with APAAR
School Code	Mandatory	Yes	Number	Integrated with SARAL Portal/ Proposed Integration with APAAR
School Name	Mandatory	Yes	Text	Integrated with SARAL Portal/ Proposed Integration with APAAR

Field Name	Mandatory Status	Auto-Fetched	Field type	Remarks
School Address	Mandatory	Yes	Long Text	Integrated with SARAL Portal/ Proposed Integration with APAAR
Taluka Name	Mandatory	Yes	Dropdown	Integrated with SARAL Portal/ Proposed Integration with APAAR
District Name	Mandatory	Yes	Dropdown	Integrated with SARAL Portal/ Proposed Integration with APAAR
Mother's Name as in SARAL	Mandatory	Yes	Text	Integrated with SARAL Portal/ Proposed Integration with APAAR
Principal Mobile Number	Mandatory	Yes	Number	Integrated with SARAL Portal/ Proposed Integration with APAAR
Select WFC Center	Mandatory	No	Dropdown	
WFC visiting Date	Mandatory	No	Date	
Declaration Acceptance: I hereby declare that the information, documents, and supporting records submitted by me are true, complete, and genuine to the best of my knowledge and belief. I confirm that no false, misleading, or fabricated information has been provided. I understand that if any information or document is found to be false, incorrect, misleading, misrepresenting or fraudulent at any stage, my application may be rejected or cancelled, any benefits or assistance disbursed may be recovered, and I may be liable for prosecution, penalties, or other actions under the Bharatiya Nyaya Sanhita (BNS), 2023, and any other relevant laws. I also undertake to comply with all applicable Labour Codes and labour laws to me.	Mandatory	No	Checkbox	

Annexure C4: (12)

Financial assistance scheme of ₹25,000 for education of the child of a construction worker who has passed the 11th standard (For 1st two children)

Field Name	Mandatory Status	Auto-Fetched	Field type	Remarks
Worker Registration Number	Mandatory	No	Number	
Registration Date	Mandatory	Yes	Date	Autofetch from Worker Registration
Last Renewal Date	Mandatory	Yes	Number	Autofetch from Worker Registration
Full Name as per Aadhar	Mandatory	Yes	Long Text	Autofetch from Worker Registration
Mobile Number	Non-Mandatory	Yes	Number	Autofetch from Worker Registration
IFSC Code	Mandatory	Yes	Text	Autofetch from Worker Registration
Bank Name	Mandatory	Yes	Text	Autofetch from Worker Registration
Bank Branch	Mandatory	Yes	Text	Autofetch from Worker Registration
Bank Address	Mandatory	Yes	Long Text	Autofetch from Worker Registration
Account Number	Mandatory	Yes	Number	Autofetch from Worker Registration
Confirm Account Number	Non-Mandatory	Yes	Number	Autofetch from Worker Registration
Select Scheme Category	Mandatory	No	Dropdown	
Select Scheme	Mandatory	No	Dropdown	
Name of the Child	Mandatory	Yes	Dropdown	Autofetch from Worker Registration
Child Aadhar Card Number	Mandatory	Yes	Long Text	Autofetch from Worker Registration
Age	Mandatory	Yes	Number	Auto calculated
Standard	Mandatory	No	Dropdown	
Passing Date	Mandatory	No	Date	
Student Saral ID/APAAR ID	Mandatory	No	Number	
Student Name	Mandatory	Yes	Long Text	Integrated with SARAL Portal/ Proposed Integration with APAAR
Date Of Birth	Mandatory	Yes	Date	Integrated with SARAL Portal/ Proposed Integration with APAAR
Gender	Mandatory	Yes	Text	Integrated with SARAL Portal/ Proposed Integration with APAAR
Student Id	Mandatory	Yes	Number	Integrated with SARAL Portal/ Proposed Integration with APAAR
Standard Id	Mandatory	Yes	Number	Integrated with SARAL Portal/ Proposed Integration with APAAR

Field Name	Mandatory Status	Auto-Fetched	Field type	Remarks
School Code	Mandatory	Yes	Number	Integrated with SARAL Portal/ Proposed Integration with APAAR
School Name	Mandatory	Yes	Text	Integrated with SARAL Portal/ Proposed Integration with APAAR
School Address	Mandatory	Yes	Long Text	Integrated with SARAL Portal/ Proposed Integration with APAAR
Taluka Name	Mandatory	Yes	Dropdown	Integrated with SARAL Portal/ Proposed Integration with APAAR
District Name	Mandatory	Yes	Dropdown	Integrated with SARAL Portal/ Proposed Integration with APAAR
Mother's Name as in SARAL	Mandatory	Yes	Text	Integrated with SARAL Portal/ Proposed Integration with APAAR
Principal Mobile Number	Mandatory	Yes	Number	Integrated with SARAL Portal/ Proposed Integration with APAAR
Select WFC Center	Mandatory	No	Dropdown	
WFC visiting Date	Mandatory	No	Date	
Declaration Acceptance: I hereby declare that the information, documents, and supporting records submitted by me are true, complete, and genuine to the best of my knowledge and belief. I confirm that no false, misleading, or fabricated information has been provided. I understand that if any information or document is found to be false, incorrect, misleading, misrepresenting or fraudulent at any stage, my application may be rejected or cancelled, any benefits or assistance disbursed may be recovered, and I may be liable for prosecution, penalties, or other actions under the Bharatiya Nyaya Sanhita (BNS), 2023, and any other relevant laws. I also undertake to comply with all applicable Labour Codes and labour laws to me.	Mandatory	No	Checkbox	

Annexure C4: (13)

Financial assistance scheme of Rs. 1,00,000/- per year for the child of a construction worker pursuing a medical degree

Field Name	Mandatory Status	Auto-Fetched	Field type	Remarks
Registration Number	Mandatory	No	Number	
Registration Date	Mandatory	Yes	Date	Autofetch from Worker Registration
Last Renewal Date	Mandatory	Yes	Date	Autofetch from Worker Registration
Full Name as per Aadhar number	Mandatory	Yes	Long Text	Autofetch from Worker Registration
Mobile Number	Non-Mandatory	Yes	Number	Autofetch from Worker Registration
IFSC Code	Mandatory	Yes	String	Autofetch from Worker Registration
Bank Name	Mandatory	Yes	Text	Autofetch from Worker Registration
Bank Branch	Mandatory	Yes	Text	Autofetch from Worker Registration
Bank Address	Mandatory	Yes	Long Text	Autofetch from Worker Registration
Account Number	Mandatory	Yes	Number	Autofetch from Worker Registration
Confirm Account Number	Non-Mandatory	Yes	Number	Autofetch from Worker Registration
Select Scheme Category	Mandatory	No	Dropdown	
Select Scheme	Mandatory	No	Dropdown	
Son/Daughter’s Name	Mandatory	No	Text	
Son/Daughter’s Aadhar Card Number	Mandatory	Yes	Number	Autofetch from Worker Registration
Age	Mandatory	Yes	Number	Auto Calculated
APAAR id	Mandatory	No	Number	Proposed Integration with APAAR
Type of Course	Mandatory	No	Text	Proposed Integration with APAAR
Name of Degree	Mandatory	No	Text	Proposed Integration with APAAR
Passed Academic Year	Mandatory	No	Date	Proposed Integration with APAAR
State	Mandatory	No	Dropdown	Proposed Integration with APAAR
District	Mandatory	No	Dropdown	Proposed Integration with APAAR
Institute Name/College Name	Mandatory	No	Dropdown	Proposed Integration with APAAR
Name of City	Mandatory	No	Text	Proposed Integration with APAAR
Address of College/ Institute	Mandatory	No	Long Text	Proposed Integration with APAAR
College/ Institute Email ID	Mandatory	No	Email	Proposed Integration with APAAR

Field Name	Mandatory Status	Auto-Fetched	Field type	Remarks
College/ Institute Phone Number	Mandatory	No	Number	Proposed Integration with APAAR
Date of Admission	Mandatory	No	Date	Proposed Integration with APAAR
Select WFC Center	Mandatory	No	Dropdown	
WFC visiting Date	Mandatory	No	Date	
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Annexure C4: (14)

Financial assistance scheme of Rs. 60,000/- per year for the child of a construction worker pursuing an engineering degree

Field Name	Mandatory Status	Auto-Fetched	Field type	Remarks
Registration Number	Mandatory	No	Number	
Registration Date	Mandatory	Yes	Date	Autofetch from Worker Registration
Last Renewal Date	Mandatory	Yes	Date	Autofetch from Worker Registration
Full Name as per Aadhar number	Mandatory	Yes	Long Text	Autofetch from Worker Registration
Mobile Number	Non-Mandatory	Yes	Number	Autofetch from Worker Registration
IFSC Code	Mandatory	Yes	String	Autofetch from Worker Registration
Bank Name	Mandatory	Yes	Text	Autofetch from Worker Registration
Bank Branch	Mandatory	Yes	Text	Autofetch from Worker Registration
Bank Address	Mandatory	Yes	Long Text	Autofetch from Worker Registration
Account Number	Mandatory	Yes	Number	Autofetch from Worker Registration
Confirm Account Number	Non-Mandatory	Yes	Number	Autofetch from Worker Registration
Select Scheme Category	Mandatory	No	Dropdown	
Select Scheme	Mandatory	No	Dropdown	
Ration Card no	Mandatory	No	Number	Proposed Integration with APAAR
Son/Daughter’s Name	Mandatory	No	Text	
Son/Daughter’s Aadhar Card Number	Mandatory	Yes	Number	Proposed Integration with APAAR
Age	Mandatory	Yes	Number	Auto Calculated
APAAR id	Mandatory	No	Number	
Type of Course	Mandatory	No	Text	Proposed Integration with APAAR
Name of Degree	Mandatory	No	Text	Proposed Integration with APAAR
Passed Academic Year	Mandatory	No	Date	Proposed Integration with APAAR
State	Mandatory	No	Dropdown	Proposed Integration with APAAR
District	Mandatory	No	Dropdown	Proposed Integration with APAAR
Institute Name/College Name	Mandatory	No	Dropdown	Proposed Integration with APAAR
Name of City	Mandatory	No	Text	Proposed Integration with APAAR
Address of College/ Institute	Mandatory	No	Long Text	Proposed Integration with APAAR

Field Name	Mandatory Status	Auto-Fetched	Field type	Remarks
College/ Institute Email ID	Mandatory	No	Email	Proposed Integration with APAAR
College/ Institute Phone Number	Mandatory	No	Number	Proposed Integration with APAAR
Date of Admission	Mandatory	No	Date	Proposed Integration with APAAR
Select WFC Center	Mandatory	No	Dropdown	
WFC visiting Date	Mandatory	No	Date	
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Annexure C4: (15)

Financial assistance of Rs. 3,50,000/- to the legal heir of registered construction worker in case of Natural death

Field Name	Mandatory Status	Auto-Fetched	Field type	Remarks
Registration Number	Mandatory	No	Number	
Registration Date	Mandatory	Yes	Date	Autofetch from Worker Registration
Last Renewal Date	Mandatory	Yes	Date	Autofetch from Worker Registration
Full Name as per Aadhar number	Mandatory	Yes	Long Text	Autofetch from Worker Registration
Mobile Number	Non-Mandatory	Yes	Number	Autofetch from Worker Registration
IFSC Code	Mandatory	Yes	String	Autofetch from Worker Registration
Bank Name	Mandatory	Yes	Text	Autofetch from Worker Registration
Bank Branch	Mandatory	Yes	Text	Autofetch from Worker Registration
Bank Address	Mandatory	Yes	Long Text	Autofetch from Worker Registration
Account Number	Mandatory	Yes	Number	Autofetch from Worker Registration
Confirm Account Number	Non-Mandatory	Yes	Number	Autofetch from Worker Registration
Select Scheme Category	Mandatory	No	Dropdown	
Select Scheme	Mandatory	No	Dropdown	
Date of Death	Mandatory	No	Date	Proposed Integration with CRS portal
<u>Issuing Authority</u> Gram Sevak District Taluka Village Municipal Corporation (Select Municipal Corporation) Municipal Council (Select Municipal Council) District of Municipal Council Cantonment Board (Select Cantonment Board)	Mandatory	No	Dropdown	Dropdown List (Based on the selection field category will change)
Issued Date of Death Certificate	Mandatory	No	Date	Proposed Integration with CRS portal

Field Name	Mandatory Status	Auto-Fetched	Field type	Remarks
Death Certificate No	Mandatory	No	Number	Proposed Integration with CRS portal
Full Name	Mandatory	Yes	Long Text	Autofetch from Worker Registration
Date of Birth	Mandatory	Yes	Date	Autofetch from Worker Registration
Age	Mandatory	Yes	Number	Autofetch from Worker Registration
Relation	Mandatory	Yes	Text	Autofetch from Worker Registration
Aadhar number	Mandatory	Yes	Number	Autofetch from Worker Registration
Mobile Number	Mandatory	No	Number	
Bank Account details same as above (Yes or No)	Mandatory	No	Checkbox	In case of joint account with the registered worker
IFSC Code	Mandatory	No	Text	
Bank Name	Mandatory	No	Text	
Bank Branch	Mandatory	No	Text	
Bank Address	Mandatory	No	Long Text	
Account Number	Mandatory	No	Number	
Confirm Account Number	Mandatory	No	Number	
Select WFC Center	Mandatory	No	Dropdown	
WFC visiting Date	Mandatory	No	Date	
Declaration Acceptance: I hereby declare that the information, documents, and supporting records submitted by me are true, complete, and genuine to the best of my knowledge and belief. I confirm that no false, misleading, or fabricated information has been provided. I understand that if any information or document is found to be false, incorrect, misleading, misrepresenting or fraudulent at any stage, my application may be rejected or cancelled, any benefits or assistance disbursed may be recovered, and I may be liable for prosecution, penalties, or other actions under the Bharatiya Nyaya Sanhita (BNS), 2023, and any other relevant laws. I also undertake to comply with all applicable Labour Codes and labour laws to me.	Mandatory	No	Checkbox	

Annexure C4: (16)

Financial assistance of Rs.6,50,000/- to the legal heir of registered construction worker in case of Accidental death

Field Name	Mandatory Status	Auto-Fetched	Field type	Remarks
Registration Number	Mandatory	No	Number	
Registration Date	Mandatory	Yes	Date	Autofetch from Worker Registration
Last Renewal Date	Mandatory	Yes	Date	Autofetch from Worker Registration
Full Name as per Aadhar number	Mandatory	Yes	Long Text	Autofetch from Worker Registration
Mobile Number	Non- Mandatory	Yes	Number	Autofetch from Worker Registration
IFSC Code	Mandatory	Yes	String	Autofetch from Worker Registration
Bank Name	Mandatory	Yes	Text	Autofetch from Worker Registration
Bank Branch	Mandatory	Yes	Text	Autofetch from Worker Registration
Bank Address	Mandatory	Yes	Long Text	Autofetch from Worker Registration
Account Number	Mandatory	Yes	Number	Autofetch from Worker Registration
Confirm Account Number	Non-Mandatory	Yes	Number	Autofetch from Worker Registration
Select Scheme Category	Mandatory	No	Dropdown	
Select Scheme	Mandatory	No	Dropdown	
Date of Death	Mandatory	No	Date	Proposed Integration with CRS portal
Death Certificate No	Mandatory	No	Number	Proposed Integration with CRS portal
Place of accident	Mandatory	No	Text	
Name of Employer	Mandatory	No	Text	
Name of Site	Mandatory	No	Text	
Site address	Mandatory	No	Long Text	
Issuing Authority Gram Sevak District Taluka Village Municipal Corporation (Select Municipal Corporation) Municipal Council (Select Municipal Council) District of Municipal Council Cantonment Board (Select Cantonment Board)	Mandatory	No	Dropdown	Dropdown List (Based on the selection field category will change)
Issued Date of Death Certificate	Mandatory	No	Date	Proposed Integration with CRS portal

Field Name	Mandatory Status	Auto-Fetched	Field type	Remarks
Date Of FIR	Mandatory	No	Date	
FIR number	Mandatory	No	Number	
Police station address	Mandatory	No	Long Text	
Full Name of legal heir	Mandatory	Yes	Long Text	Autofetch from Worker Registration
Relation	Mandatory	Yes	Text	Autofetch from Worker Registration
Legal heir Aadhar number	Mandatory	Yes	Number	Autofetch from Worker Registration
Mobile Number	Mandatory	No	Number	
Bank Account details same as above (Yes or No)	Mandatory	No	Checkbox	In case of joint account with the registered worker
IFSC Code	Mandatory	No	Text	
Bank Name	Mandatory	No	Text	
Bank Branch	Mandatory	No	Text	
Bank Address	Mandatory	No	Text	
Account Number	Mandatory	No	Number	
Confirm Account Number	Mandatory	No	Number	
Select WFC Center	Mandatory	No	Dropdown	
WFC visiting Date	Mandatory	No	Date	
Declaration Acceptance: I hereby declare that the information, documents, and supporting records submitted by me are true, complete, and genuine to the best of my knowledge and belief. I confirm that no false, misleading, or fabricated information has been provided. I understand that if any information or document is found to be false, incorrect, misleading, misrepresenting or fraudulent at any stage, my application may be rejected or cancelled, any benefits or assistance disbursed may be recovered, and I may be liable for prosecution, penalties, or other actions under the Bharatiya Nyaya Sanhita (BNS), 2023, and any other relevant laws. I also undertake to comply with all applicable Labour Codes and labour laws to me.	Mandatory	No	Checkbox	

Annexure C4: (17)

Disability Assistance Scheme for Construction Workers: Rs. 2,00,000/-

Field Name	Mandatory Status	Auto-Fetched	Field type	Remarks
Registration Number	Mandatory	No	Number	
Registration Date	Mandatory	Yes	Date	Autofetch from Worker Registration
Last Renewal Date	Mandatory	Yes	Date	Autofetch from Worker Registration
Full Name as per Aadhar number	Mandatory	Yes	Long Text	Autofetch from Worker Registration
Mobile Number	Non-Mandatory	Yes	Number	Autofetch from Worker Registration
IFSC Code	Mandatory	Yes	Text	Autofetch from Worker Registration
Bank Name	Mandatory	Yes	Text	Autofetch from Worker Registration
Bank Branch	Mandatory	Yes	Text	Autofetch from Worker Registration
Bank Address	Mandatory	Yes	Long Text	Autofetch from Worker Registration
Account Number	Mandatory	Yes	Number	Autofetch from Worker Registration
Confirm Account Number	Non-Mandatory	Yes	Number	Autofetch from Worker Registration
Select Scheme Category	Mandatory	No	Dropdown	
Select Scheme	Mandatory	No	Dropdown	
UDID	Mandatory	No	Number	
Date of Disability	Mandatory	No	Date	Proposed Integration with UDID portal
District of Civil Surgeon	Mandatory	No	Text	Proposed Integration with UDID portal
Date of Certification of Disability	Mandatory	No	Date	Proposed Integration with UDID portal
Type of Disability	Mandatory	No	Text	Proposed Integration with UDID portal
Select WFC Center	Mandatory	No	Dropdown	
WFC visiting Date	Mandatory	No	Date	
Declaration Acceptance: I hereby declare that the information, documents, and supporting records submitted by me are true, complete, and genuine to the best of my knowledge and belief. I confirm that no false, misleading, or fabricated information has been provided.	Mandatory	No	Checkbox	

Field Name	Mandatory Status	Auto-Fetched	Field type	Remarks
I understand that if any information or document is found to be false, incorrect, misleading, misrepresenting or fraudulent at any stage, my application may be rejected or cancelled, any benefits or assistance disbursed may be recovered, and I may be liable for prosecution, penalties, or other actions under the Bharatiya Nyaya Sanhita (BNS), 2023, and any other relevant laws. I also undertake to comply with all applicable Labour Codes and labour laws to me.				

Annexure C4: (18)

Maternity Assistance of Rs. 25,000/- for the first Two children of registered Women construction worker

Field Name	Mandatory Status	Auto-Fetched	Field type	Remarks
Registration Number	Mandatory	No	Number	
Registration Date	Mandatory	Yes	Date	Autofetch from Worker Registration
Last Renewal Date	Mandatory	Yes	Date	Autofetch from Worker Registration
Full Name as per Aadhar number	Mandatory	Yes	Long Text	Autofetch from Worker Registration
Mobile Number	Non-Mandatory	Yes	Number	Autofetch from Worker Registration
IFSC Code	Mandatory	Yes	Text	Autofetch from Worker Registration
Bank Name	Mandatory	Yes	Text	Autofetch from Worker Registration
Bank Branch	Mandatory	Yes	Text	Autofetch from Worker Registration
Bank Address	Mandatory	Yes	Long Text	Autofetch from Worker Registration
Account Number	Mandatory	Yes	Number	Autofetch from Worker Registration
Confirm Account Number	Non-Mandatory	Yes	Number	Autofetch from Worker Registration
Select Scheme Category	Mandatory	No	Dropdown	
Select Scheme	Mandatory	No	Dropdown	
Child Name	Mandatory	No	Text	Proposed Integration with CRS portal
Aadhar number of Child	Mandatory	No	Number	Autofetch from Worker Registration
Gender of Child	Mandatory	No	Text	Proposed Integration with CRS portal
Date of Delivery	Mandatory	No	Date	Proposed Integration with CRS portal
Issued Date of Birth Certificate	Mandatory	No	Date	Proposed Integration with CRS portal
Select WFC Center	Mandatory	No	Dropdown	
WFC visiting Date	Mandatory	No	Date	
Declaration Acceptance: I hereby declare that the information, documents, and supporting records submitted by me are true, complete, and genuine to the best of my knowledge and belief. I confirm that no false, misleading, or fabricated information has been provided.	Mandatory	No	Checkbox	

Field Name	Mandatory Status	Auto-Fetched	Field type	Remarks
I understand that if any information or document is found to be false, incorrect, misleading, misrepresenting or fraudulent at any stage, my application may be rejected or cancelled, any benefits or assistance disbursed may be recovered, and I may be liable for prosecution, penalties, or other actions under the Bharatiya Nyaya Sanhita (BNS), 2023, and any other relevant laws. I also undertake to comply with all applicable Labour Codes and labour laws to me.				

IDZES ANGMO KUNDAN

Digitally signed by IDZES ANGMO KUNDAN
DN: c=IN, o=GOVERNMENT OF MAHARASHTRA, ou=IELMD, 2.5.4.20=26DF3EE105BC8F700CC0069313E2A264100C5353331BA68C218B924051D00964, postalCode=400032, st=Maharashtra, serialNumber=AA188B11337CE1026F89679E39BA8F295646BA2F897C4006AFDD248106CEB3EB, cn=IDZES ANGMO KUNDAN
Date: 2026.11.17 13:19:11 +05'30'

(आय.ए.कुंदन)
अपर मुख्य सचिव, महाराष्ट्र शासन