GOVERNMENT OF MEGHALAYA
LABOUR DEPARTMENT

FORM I
APPLICATION FOR REGISTRATION OF ESTABLISHMENT EMPLOYING
MIGRANT WORKMEN

Establishment Details

Name of the establishment *:

Nature of work carried on in the establishment *:

Address of the Establishment *:

District(E) *:

Village/Town *:

Locality *:

Nearest Landmark:

Post Office *:

Police Station / Outpost *:

Pincode *:

Principal Employer Details

Title:

Principal Employer's Name *:

Principal Employer's Mobile Number *:

Principal Employer's E-Mail Id *:

Father's/Husband's (in case of individuals):

Address of the Principal Employer

State *:

District *:

Village / Town *:

Locality *:

Police Station / Outpost *:

Nearest Landmark:

Pincode *:

Post Office *:

Directors/Partners Details

Directors/Partners(Grid)

1. Title
2. Full Name
3. Address

Manager or person details responsible for the supervision and control of the establishment

Manager(Grid)

1. Title
2. Full Name
3. Address

Particulars of Migrant Workmen

Particulars of Migrant Workmen(Grid)

Name and Address of the Contractor *:

Name, nature and location of work for which migrant workmen are to be employed or are employed *:

Max No of migrant workmen to be employed on any day through each contractor *:

Duration of proposed contract work in a number of days(Min 1 and Max 179) *:

Estimated date of commencement of work *:

Estimated date of completion of work *:

Estimated date of termination of the employment of migrant workmen: