

Form – I

(See Rule 2)

(Memorandum of settlement arrived at during conciliation/ or settlement arrived at between the employer and his workers otherwise than in the course of conciliation proceeding)

Names of Parties: Representing employer(s);
..... Representing workers;

Short recital of the case

Terms of settlement

Signature of the parties/ Authorised Representatives of the Parties

*Signature of Conciliation Officer

In case the settlement arrived at between the employer and his workers otherwise than in course of conciliation proceeding the copy of the memorandum shall be marked to the Labour Commissioner.

Form II

(See sub rule (7) of Rule 8)

Auditors' Declaration

The undersigned having had access to all the books and accounts of the and having examined the foregoing statements and verified the same with the account vouchers relating thereto, not the same is signed as found to be correct, duly vouched and in accordance with the law, subject to the remarks, if any, appended hereto and also certify that the had properly maintained its membership register and its accounts and the members had paid their membership subscription Rs nP general fund account of the trade union, subject to the remarks, if any, appended hereto.

- (1) Auditor
- (2) Auditor

Note :-Each Auditor should state below his signature in what capacity with reference to Rule 18 he is qualified to audit the trade union's accounts.

Form III
(See sub rule (1) of Rule 9)
Notice of the Dissolution or Amendment in rules of a Trade Union

Name of trade union
Registration number
Dated the day of 20

To,
The Registrar of Trade Unions,

Meghalaya,

Notice is hereby given that the above mentioned trade union was dissolved in pursuance of the Rules thereof on the day of 20
or

Notice is hereby given that the following rules of the trade union given under Schedule I are proposed to be amended in pursuance of the Rules thereof on the day of 20

We have been duly authorised by the union to forward this notice on its behalf, such authorisation consisting of a resolution passed at a general meeting on the * day of 20, copy of which is enclosed.

(Signed) 1
2
3
4
5
6
7
8

* Here insert the date, or, if there was no such resolution, state in which other way the authorisation was given.

Schedule I
AMENDMENT IN RULES

The amendment in the Rules for the matters detailed in column (1) and (2) are given in column (3) as follows:-

	Matter (1)	Original Rules (2)	Amendment proposed (3)
1.	Name of Trade Union.	.....
2.	The whole of the objects for which the union has been established.	.....
3.	The whole of the purposes for which the general funds of the union shall be applicable.	.....
4.	The maintenance of a list of members.	.....
5.	The facilities provided for the inspection of the list of members by officers and members	.....
6.	The admission of ordinary members.	.....
7.	The admission of honorary or temporary members.	.....
8.	The conditions under which members are entitled to benefits assured by the Rules.	.....
9.	The conditions under which fines or forfeitures can be imposed or varied	.....
10.	The manner in which the Rules shall be amended, varied or rescinded.	.....
11.	The manner in which the members of the executive and the other officers of the union shall be appointed and removed.	.....
12.	The safe custody of the funds.	.....

Signature of the Applicant/s

Form IV

[See sub rule (1) of Rule 10]

Application for Registration of Trade Unions

Name of the Trade Union

Address

Dated day of 20

1. This application is made by the persons whose names are subscribed at foot hereof.
2. The name under which it is proposed that the Trade Union on behalf of which this application is made shall register, is as set forth in Rule No
A copy of the resolution approving the name of union passed in a meeting of on is enclosed.
3. The address of the head office of the union to which all communications and notices may be addressed, is
4. The Union came into existence on the day of 20
5. The union is a union of employers/ workers engaged in the industry or / Professions / or (Establishment) and has members.
6. The particulars required by Section 8 of the Industrial Relations Code, 2020, are given in Schedule II. A copy of the manner and proceedings of appointment/ election as officers of the unions is enclosed.
7. The particulars given in Schedule III show the provision made in Rules for the matters detailed in Section 7 of the Industrial Relations Code, 2020. A copy of the resolution passed in a meeting of the on approving the Rules is enclosed.
8. (To be struck out in the case of unions which have not been in existence for one year before the date of application)
The particulars required by Section 8 of the Industrial Relations Code, 2020, are given in Schedule IV.
9. Two copies of the Rules of the union are attached to this application duly subscribing the names of seven or more members as required under Section 6 of the Industrial Relations Code, 2020.
10. The balance of the General Fund Account of the Trade Union of the day of registration is Rs P
11. We have been duly authorised by the Trade Union to make this application on its behalf such authorisation consisting of*

Name	Occupation	Address	Signature
(1)	(2)	(3)	(4)

*State here whether the authority to make this application was made by a resolution of a general meeting of the Trade Union of it not, in what other way it was given.

To,
 The Registrar of Trade Unions,
 Meghalaya

Schedule II

List of Officers Name of the Trade Union

Serial No.	Office held in the Union	Name	Age	Occupation	Address
(1)	(2)	(3)	(4)	(5)	(6)
1					
2					
3					
Etc.					

Schedule III
Reference to Rules

The numbers of the Rules making provisions for the several matters detailed in column (1) are given in column (2) before:-

	Matter (1)	Number of Rules (2)
1.	Name of Union.	.....
2.	The whole of the objects for which the union has been established.	.....
3.	The whole of the purposes for which the general funds of the union shall be applicable	.....
4.	The maintenance of a list of members	.....
5.	The facilities provided for the inspection of the list of members by officers and members	.....
6.	The admission of ordinary members	.....
7.	The admission of honorary or temporary members.	.....
8.	The conditions under which members are entitled to benefits assured by the Rules.	.....
9.	The conditions under which fines or forfeitures can be imposed or varied	.....
10.	The manner in which the Rules shall be amended, varied or rescinded.	.....
11.	The manner in which the members of the executive and the other officers of the union shall be appointed and removed.	.....
12.	The safe custody of the funds.	.....
13.	The annual audit to the accounts	.....
14.	The facilities for the inspection of the	.....

	account books by officers and members.	
15.	The manner in which the union may be dissolved.	.....

Schedule IV

(This need not be filled in if the union came into existence less than one year before the date of application for registration)

Statement of Liabilities and Assets on the day of 19

Liabilities	Rs.P.	Assets	Rs.P.
(1)	(2)	(3)	(4)
Amount of general fund....		Cash-	
Amount of political fund ...		In hands of Treasury	
Loans from		In hands of Secretary ...	
Debts due to		In hands of-	
Other liabilities (to be specified)		In the Bank	
		In the Bank	
		Securities as per list below:-	
		Unpaid subscriptions due	
		loans to-	
		Immovable property	
		Goods and furniture	
		Others assets (to be specified)	
	
Total liabilities		Total assets	

List of Securities

Particulars	Face Value	Cost price	Market value
(1)	(2)	(3)	(4)
		(Signed)	1.
			2.
			3.
			4.
			5.
			6.
			7.

Form-V

(See Rule 10 (2))

I Shri/Smt
Address
Occupation
Age Years truly declare in writing
that on this date in this region For the purpose of this
business meeting of the Union under the chairman ship of
..... in which (Name of the Union) has been registered under the Industrial
Relations Code, 2020.

The name and the registration details is as follows

S.N	Name	Age	Occupation	Address
1.				
2.				
3.				
4.				
5.				
6.				
7.				

The above mentioned registrants and their deputation still stand valid and are still valid members of the Union.

On this date the executive committee was elected in the general election dated

The above mentioned persons have filed the application regarding cancellation of registration or registration in my case. According to my information, the application has been included in the list of members, attached membership list is true.

I swear and believe that the above said is true to my information and knowledge.

Date Signature

Place

Form VI
(see sub rule (3) of Rule 10)
List of Officers of Trade Union

(1) List of Officers Name of the Trade Union

Serial No.	Office held in the Union	Name	Age	Occupation	Address
(1)	(2)	(3)	(4)	(5)	(6)
1					
2					
3					
...					
etc					

(2) Attach certified copy of the resolution passed about the authorisation of the applicant/s.

Form VII
(See sub rule (5) of Rule 10)
Register of Trade Unions

Name of the Union	Address of Office	Date of registration	Name of present Office Bearers	Number of Members	Date of Cancellation	Date of dissolution	Date of amalgamation	Name of the trade union with which amalgamated	Date of change in office bearers
1	2	3	4	5	6	7	8	9	10

Date of change in rules	Any other information	remarks
11	12	13

Signature of Registrar

Form VIII
(See sub rule (6) of Rule 10)
Certificate of Registration of Trade Union
Office of the Registrar of Trade Unions
Government of Meghalaya

1. Registration No.
2. Name of Trade Union

It is hereby certified that the has been registered under the Industrial Relations Code, 2020 on this day of 20

(Signature) (Seal)
Registrar of Trade Unions

Form IX
(See sub rule (7) of Rule 10)
Request to Withdraw or Cancel Certificate of Registration

Name of Trade Union
Registration Number
Address
Dated the day of 20

To,
The Registrar of Trade Unions,
Government of Meghalaya,

The above mentioned trade union desires that its certificate of registration under the Industrial Relations Code, 2020, may be withdrawn (or cancelled) as at the general meeting*duly held on day of 20 it was resolved as follows:-

(Here give the exact signed copy of the resolution)

(Signature)

*If not at a general meeting, state in what manner the request has been determined upon.

Form X

(See sub rule (3) and (4) of Rule 13)

Application for declaring the Trade Union as Negotiating Union or Member of the Negotiating council

Name of the Trade Union
Address
Dated the day of 20.....

To,
The Registrar of Trade Unions,
Meghalaya,

Dear Sir,

I beg to state that the above-mentioned Trade Union is to be declared as Negotiating Union/ as the member of Negotiating Council for the Industrial Establishment, namely
....., Address
under sub section (3) / (4) be registered accordingly in the records of the Register. A copy of the particulars and other documents in this behalf signed by the authorised person is enclosed.

2. The union was registered on the day of 20 ,
under Certificate No. issued by the Registrar of Trade Unions for
Meghalaya.

3. A copy of the rules of the Union in attached.

4. The address of the head office of the union to which all the communications may be
addressed is

5. The union has members in the the Industrial
Establishment named above And represents per cent of
the total number of employees employed in the Industrial Establishment named.

Yours faithfully,
Authorised Signatory,

(See sub rule (3) and (4) of Rule 13)

**Declaration of the Trade Union as Negotiating Union or Member of the
Negotiating council
Office of the Registrar of Trade Unions, Meghalaya,**

Name of Trade Union
Entry No

It is hereby certified that the Union has been declared as
Negotiating Union/ Member of the Negotiating council for the Industrial Establishment
..... As provided under sub section (3)/ (4) of Section 14 of
the Industrial Relations Code, 2020 on this Day of 20

Signature and Seal
Registrar of Trade Unions,
Meghalaya

Form XI
(See sub rule (5) of Rule 13)
Register of Negotiating Union or Member of the Negotiating council

Sr No/entry no	Name of the Negotiating Union	Name of the member union of negotiating Council Negotiating Union	Address of officer	Date of registration	Name of present Office Bearers	Number of Members	Name of the Industrial Establishment	Address of the Industrial Establishment	Total number of workers which are members of the Trade Unions	Percentage of workers which are members of the Negotiating Union/Member of Negotiating Council	Date of declaration by the Registrar
1	2	3	4	5	6	7	8	9	10	11	12

Any other information	Remark
13	14

Signature and Seal
 Registrar of Trade Unions,
 Meghalaya

Form XII
(See clause (i) of sub rule (1) of Rule 16)
Notice of Amalgamation of Trade Unions

A. Name of registered Trade Union

B. Number of registration

Serial No.	Name of the Trade union	Registration number	Address
(1)	(2)	(3)	(4)
1			
2			
3			

C. Dated the day of 19

To,

The Registrar of Trade Unions,
Meghalaya,

Notice is hereby given that in accordance with the requirements of Section 24 of the Industrial Relations Code 2020, the members of each of the above mentioned trade unions have resolved to become amalgamated together as one trade union. Copies of the resolution approving the amalgamation are enclosed. And that the following are the terms of the said amalgamation.

(State the terms)

And that it is intended that the trade union shall henceforth be called the

Accompanying this notice is a copy of the Rules intended to be henceforth adopted by the amalgamated trade union.

(To be signed by seven members and the
Secretary of each trade union)

(Signed)

1. Secretary

.....

2.

.....

3.

.....

4.

.....

5. Members

.....

6.

.....

7.

.....

Form XIII
(See clause (iii) of sub rule (1) of Rule 16)
Notice of Change of Name

Name of Trade Union already registered
Registration number
Address
Dated this day of 19

To,
The Registrar of Trade Unions,
Meghalaya,

Notice is hereby given that the provisions of Section 24 of the Industrial Relations Code, 2020, having been complied with the name of the above mentioned trade union has been changed to

The consent of the members was obtained by*
(Signed) 1 Secretary
2 Member
3 Member
4 Member
5 Member
6 Member
7 Member
8 Member

*i.e, by referendum; resolution of a general meeting, etc, if the procedure followed is covered by rule, quote number of the rule.

Form XIV
(See clause (i) of Rule 18)
Part A

Annual Returns (General Statement) prescribed under Section 26 of the Industrial Relations Code, 2020

From 1st January, 20 To 31st December, 20

1. Name of Trade Union
 2. Address
 3. Registered Head Office
 4. No. and date of certificate of Registration No. date
 5. To which category of industry the union belongs ? viz., the
Public sector or private sector.
 6. Under whose jurisdiction the above-mentioned Industry
falls ? viz., whether Central Government or State Government.
 7. Is the union affiliated to any All India Body? If so, state itsNo.....
name and affiliation number.
 8. Affiliation fee RsnP.....
 9. Number and date of payment of affiliation fee to the All
India Body Receipt No. date
 10. Number of the members of the Working Committee.
 11. Number of outsider members, if any, in the Working
Committee
 12. Name of the industry to which the union belongs.
 13. Details about the jurisdiction of the union.
 14. Monthly subscription for the members
 15. (This information need not be given by federations of Trade
Unions) :-
 - (a) Number of members on books at the beginning of the year
 - (b) Number of members admitted during the year
- Total of (a) and (b)
- (c) Number of members leaving the union during the year
- Balance by deduction from the
- Total of (a) and (b)
- (d) Total number of members on books at the end of the year
(i.e., on 31st March):-

Males
Females
Total
 - (e) Number of members contributing to political fund.
 - (f) Number of members paying their subscription for the
whole year.

16. Return to made by federations of Trade Unions:-

- (a) Number of unions affiliated at the beginning of the year
- (b) Number of unions joining during the current year.
- (c) Number of unions disaffiliated during the year.
- (d) Number of unions affiliated at the end of the year.
- (e) Membership fee realised from the affiliated unions RsnP
- (f) Number of affiliated unions from whom membership fee received during the year
- (g) Number of affiliated unions contribution to political fund
- (h) Number of members of affiliated unions. Males
Females
Total

Note:-Information in regard to-

1. (a) Columns 1 to 13 of Part A of this statement to be filed in by both the categories, i.e., unions and federations.
(b) Columns 14 and 15 to be filed in only by the Trade Unions, not be federations.
(c) Column No. 16 to be filed in only by the federations.
2. A copy of the rules of the trade union corrected up to the date of dispatch thereof to be enclosed with the statements of annual return.

Part B
General Fund Account

Income			Expenditure		
Sr	Details	Rs.nP	Sr	Details	Rs.nP
1.	Balance at the beginning of the year		1.	Salaries, allowances and expenses of offices	
2.	Subscription received from members as per the following details:-		2.	Salaries, allowances and other expenses of the establishment	
	(a) Subscription received for the current year.		3.	Auditors fee	
	(b) Subscription in arrears for the current year		4.	Legal expenses	
	(1) Subscription in arrears for 3 months or less.		5.	Expenses in conducting trade disputes.	
	(2) Subscription in arrears for 6 months or more than 6 months		6.	Compensation paid to members for loss arising out of grade disputes	
	(c) Subscription in arrears for more than one year		7.	Funeral, old age, sickness, unemployment benefits, etc	
	Total		8.	Educational, social and religious benefits.	
3.	Donations.		9.	Cost of publishing periodicals	
4.	Interest on investments		10	Rents, rates and taxes	
5.	Sales of periodicals, books and rules, etc.		11	Stationery, printing and postage.	
6.	Income from miscellaneous sources (to be specified)		12	Expenses incurred under Industrial Relations Code, 2020	
			13	Other expenses (to be specified)	
	(1)			(1)	
	(2)			(2)	
	(3)			(3)	
	(4)			(4)	
	(5)			Total expenditure	
	(6)			Balance at the end of the year	
	Total			Total	

Treasurer

Part C
Statement of Liabilities and Assets of Trade Union
On 20

Liabilities and Assets

Details		Rs.nP.	Details		Rs.nP
1.	Amount of general fund...		1.	Cash	
2.	Amount of political fund...		(a)	In the hands of Treasury	
3.	Loans from...		(b)	In hand of the Secretary or other person to be named.	
			2.	In the Bank	
4.	Arrears to be paid		3.	Securities (as per list in Part D)	
			4.	Unpaid subscription due (As shown in Part B in columns (b) and (c)]	
5.	Other liabilities (to be specified)				
	(1)		(a)	Amount of the current year's subscription	
	(2)		(b)	Amount of the last year's subscription	
	(3)		5.	Loans	
	(4)		(a)	Officers	
			(b)	Members	
			(c)	Others	
			6.	Immovable property	
			7.	Goods and furniture-	
			(a)	Of the current year	
			(b)	Of the last year	
			8.	Other assets	
	Total			Total	

Part D

List of Securities

Particulars	Pace Value	Cost Price	Market price date on which accounts have been made up	Deposited with
(1)	(2)	(3)	(4)	(5)

Part E

Political Fund Account

Income/ Expenditure

Details		Rs.nP.		Details		Rs.nP.
1.	Balance at the beginning of the year		1.	Payments made on objects specified in Section 15 (2) of the Industrial Relations Code, 2020.		
2.	Contributions from members		2.	Expenses of management (to be fully specified)		
				Total	.....
				Balance at the end of the year		
	Total	.....		Total		.....

Part F

Auditors' Declaration

The Undersigned having had access to fill the books and accounts of the and having examined the foregoing statements and verified the same with the account vouchers relating thereto, now sign the same as found to remarks, if any, appended hereto and also certify that the had properly maintained its membership register and its accounts and the members had paid their membership subscription Rs nP to the as shown in the foregoing statement of the general fund account of the trade union, subject to the remarks, if any, appended hereto.

(1) Auditor

(2) Auditor

Note:-Each Auditor should state below his signature in what capacity with reference to Regulation 18 he is qualified to audit the trade union's accounts.

Part G
Officers appointed by election or nomination

Name	Date of birth	Home Address	Occupation	Office held in the union	Whether by election or nomination	Date on which appointment in column (5) was taken up
(1)	(2)	(3)	(4)	(5)	(6)	(7)

Part H

The following changes of officers have been made during the year

Officers relinquishing office

No	Name	Office	Date of relinquishing office
(1)	(2)	(3)	(4)

Form XV

(See sub rule (1) of Rule 19)

Application for recognition as the State Level Trade Union

Name of the Trade Union/Federation of Trade Unions

Address

Dated the day of 19

To,

The Principal Secretary or Authorised Officer (Designation),
Department of Labour, Employment & Skill Development,
Government of Meghalaya

Dear Sir,

I beg to state that at the general meeting of the members/ at the meeting of the executive of the above-mentioned Trade Union/ Federation of Trade Unions which was held at on the day of 20, it was resolved that the union should apply to you for recognition as State Level Trade Union under sub section (2) of Section 27 of the Industrial Relations Code, 2020. A copy of the resolution in this behalf signed by the President/ General Secretary of the union is enclosed.

2. The Trade Union/ Federation of Trade Unions is duly registered on the day of year, under Certificate No. issued by the Registrar of Trade Unions for Meghalaya.

3. A copy of the rules of the Trade Union, Federation of Trade Unions is attached.

4. The address of the head office of the Trade Union/ Federation of Trade Unions to which all the communications may be addressed is

5. The Trade Union/ Federation of Trade Unions has affiliation of other Trade Unions in the State, list of such trade unions and their addresses, registration details and membership etc, is attached herewith.

6. The Trade Union/ Federation of Trade Unions has total members (number) in the State (District wise/ Trade Union wise membership).

Yours faithfully,
Name and Designation
General Secretary/ Secretary.

Form – XVI
(See Rule 29)

(Notice of change of service conditions of workers proposed by an employer)

Name of employer

Address

Dated the day of 20

In accordance with section 40 (1) of Industrial Relation Code, 2020, I/ We hereby give notice to all concerned that it is my/ our intention to effect the change/ changes specified in the annexure, with effect from in the conditions of service applicable to workers in respect of the matters specified in the Third Schedule to this Code.

Signature

Designation

Annexure

(Here specify the change/ changes intended to be effected)

Copy forwarded to:

1. The Secretary of registered Trade Union, if any.
2. Labour Commissioner.
3. Concerned Conciliation Officer.

Form – XVII

(Agreement for voluntary arbitration)

(See sub rule (1) of Rule 30)

Between

..... Name of the parties representing employer (s)

And

..... Representing worker

It is hereby agreed between the parties to refer the following dispute to the arbitration of

..... [here specify the name(s) and address(es) of the arbitrator (s)]

- (i) Specific matters in dispute.
- (ii) Details of the parties to the dispute including the name and address of the establishment or undertaking involved.
- (iii) Name of the worker in case he himself is involved in the dispute or the name of the union, if any, representing the worker or workers in question.
- (iv) Total number of workers employed in the undertaking affected.
- (v) Estimated number of workers affected or likely to be affected by the dispute.

*We further agree that the majority decision of the arbitrator(s) shall be binding on us in case the arbitrator(s) are equally divided in their opinion they shall appoint another person as umpire whose award shall be binding on us.

The arbitrator (s) shall make his (their) award within a period of (here specify the period agreed upon by the parties) from the date of publication of this agreement in the Official Gazette by the Central Government or within such further time as is extended by mutual agreement between us in writing. In case, the award is not made within the period afore mentioned, the reference to the arbitration shall stand automatically cancelled and we shall be free to negotiate for fresh arbitrator.

Signature of the parties Representing employer/ Representing worker/ workers.

Witnesses:

1.

2.

Copy to:

- (i) The Principal Secretary to the Government of Meghalaya, Department of Labour, Employment & Skill Development.
- (ii) Labour Commissioner
- (iii) The Conciliation Officer [here enter office address of the Conciliation Officer for the area concerned]

Form-XVIII

(See Rule 32)

(Authorization by a worker, group of workers, employer, group of employers to be represented in a proceeding before the authority under this Code).

Before the Authority
(Here mention the authority concerned)

In the matter of (mention the name of the proceeding)

..... workers

Versus

..... Employer

I/ We hereby authorise Shri/ Smti. (if representatives are more than one)

1. 2 3 to represent me/ us in the above matter.

Dated this day of 20

Signature of person(s) nominating the representative(s)

Address Accepted

Form-XIX

(See sub rule (21) of Rule 33)

Form of Oath of Office for Judicial Member of State Industrial Tribunal

I,, having been appointed as Judicial Member of Industrial Tribunal (Name of the Tribunal) do solemnly affirm/ do swear in the name of God that I will faithfully and conscientiously discharge my duties as the Judicial Member of Industrial Tribunal (Name of the Tribunal) to the best of my ability, knowledge and judgement, without fear or favour, affection or ill-will and that I will uphold the Constitution and the laws of the land.

(Signature)

Place:

Date:

Form-XX

(See sub rule (21) of Rule 34)

Form of Oath of Office for Administrative Member of State Industrial Tribunal

I,, having been appointed as Administrative Member of Industrial Tribunal (Name of the Tribunal) do solemnly affirm/ do swear in the name of God that I will faithfully and conscientiously discharge my duties as the Administrative Member of Industrial Tribunal (Name of the Tribunal) to the best of my ability, knowledge and judgment, without fear or favour, affection or ill-will and that I will uphold the Constitution and the laws of the land.

(Signature)

Place:

Date:

Form-XXI

(See sub rule (8) of Rule 35)

(Application to be submitted before the Tribunal in the matter not settled by the Conciliation Officer)

Before (here mention the name of the Tribunal having jurisdiction over the area)

In the matter of: (mention the details of the matter)

..... Applicant

Address.....

Versus

.....Opposite party (ies)

Address

The above mentioned applicant begs to state as follows:-

(Here set out the relevant facts and circumstances of the case).

The applicant prays that the instant dispute may please be admitted for adjudication and request to pass appropriate Award.

Date

Place

Signature

Form-XXI(A)

[See sub rule (27) (a) of Rule 35]

(APPLICATION UNDER SUB-SECTION (1) OF SECTION 59 OF THE INDUSTRIAL RELATIONS CODE, 2020)

To,

(1) The Labour Commissioner, Meghalaya, Shillong.

(2) The Deputy Labour Commissioner/ Assistant Labour Commissioner
(here insert the name of the region).

Sir,

I/We have to state that I am/we are entitled to receive from M/s a sum of Rs. (in words) on account of under the provisions of Chapter IX and X of the Industrial Relations Code, 2020 (35 of 2020) / in terms of the award dated the given by / in terms of the settlement dated the arrived at between the said M/s and their worker through the duly elected representatives.

I/ We further state that I/ We served the management with a demand notice by registered post on for the said amount which the management has neither paid nor offered to pay to me/ us even though a fortnight has since elapsed. The details of the amount have been mentioned in the statement hereto annexed.

I/ We request that the said sum may kindly be recovered for the management under sub-section (1) of Section 59 of the Industrial Relations Code, 2020 (35 of 2020) and paid to me/ us as early as possible.

Signature of the applicant(s)

Address(es)

Station:

Date:.

ANNEXURE

[Here indicate the details of the amount(s) claimed.]

Form-XXI(B)

[See proviso under sub rule (27) (a) of Rule 35]

**(APPLICATION BY A PERSON AUTHORISED BY A WORKER OR BY THE
ASSIGNEE OR HEIR OF A DECEASED WORKER UNDER SUB-SECTION (1) OF
SECTION 59 OF THE INDUSTRIAL RELATIONS CODE, 2020)**

To,

(1) The Labour Commissioner, Meghalaya, Shillong.

(2) The Deputy Labour Commissioner/ Assistant Labour Commissioner
(here insert the name of the region).

Sir,

I, Shri/Smti/Kumari..... Have to state that Shri/Smti/Kumari is /was entitled to receive from M/s a sum of Rs. (in words) on account of under the provisions of Chapter IX and X of the Industrial Relations Code, 2020 (35 of 2020) / in terms of the award dated the given by / in terms of the settlement dated the arrived at between the said M/s and their worker through the duly elected representatives.

I further state that I served the management with a demand notice by registered post on for the said amount which the management has neither paid nor offered to pay to me even though a fortnight has since elapsed. The details of the amount have been mentioned in the statement hereto annexed.

I request that the said sum may kindly be recovered for the management under sub-section (1) of Section 59 of the Industrial Relations Code, 2020 (35 of 2020) and paid to me as early as possible.

I have been duly authorised in writing by (here insert the name of the worker) to make this application and to receive the payment of the aforesaid amount due to him/her.

I am the assignee/ heir of the deceased worker and am entitled to receive the payment of the aforesaid amount due to him.

Signature of the authorised person/ assignee/ heirs

Station:

Date:.

Address(es)

ANNEXURE

[Here indicate the details of the amount(s) claimed.]

Form-XXI(C)

[See sub rule (27) (b) of Rule 35]

(APPLICATION UNDER SUB-SECTION (2) OF SECTION 59 OF THE INDUSTRIAL RELATIONS CODE, 2020)

Before the Industrial Tribunal at

..... between and

.....
(1) Name of the applicant(s)

.....
(2) Name of the employer

.....
The petitioner(s) a worker of M/s of The petitioner(s) undersigned, worker/ workers of is / are entitled to receive from the said M/s the money/benefits mentioned in the statement hereto annexed.

It is prayed that the Tribunal may be pleased to determine the amount/amounts due to the petitioner(s).

Signature or Thumb Impression of the applicant(s)

Address(es)

Place:

Date:.

ANNEXURE

[Here set out the details of the money due or the benefits accrued together with the case for their admissibility]

Form-XXI(D)

[See proviso under sub rule (27) (b) of Rule 35]

**(APPLICATION BY A PERSON WHO IS AN ASSIGNEE OR HEIR OF A
DECEASED WORKER UNDER SUB-SECTION (2) OF SECTION 59 OF THE
INDUSTRIAL RELATIONS CODE, 2020)**

Before the Industrial Tribunal at

..... between and

(1) Name of the applicant(s)

.....

(2) Name of the employer

.....

I am/ we are the assignee(s) of the deceased worker and am/ are entitled to make an application on his behalf.

Shri/Smti former worker of M/s of is entitled to receive from the said M/s the money/benefits mentioned in the statement hereto annexed.

It is prayed that the Tribunal may be pleased to determine the amount/amounts due to the deceased worker.

Name and address of worker

Signature of the assignee/heirs

Address(es)

Place:

Date:.

ANNEXURE

[Here set out the details of the money due or the benefits accrued together with the case for their admissibility]

Form-XXII

(See Rule 36)

(Notice of Strike to be given by Union (Name of Union)/ Group of Workers)

Name of five elected representatives of workers

Dated the day of 20

To,
(The name of the employer).
Dear Sir/ Sirs,

In accordance with the provisions contained in sub-section (1) of Section 62 of the Industrial Relations Code, 2020, I/ We hereby give you notice that I propose to call a strike/ we propose to go on strike on 20, for the reasons explained in the annexure.

Yours faithfully,

Annexure
Statement of the Case.

(Secretary of the Union)
Five representatives of the workers
Duly elected at a meeting held on
..... (date), vide
Resolution attached.)

- Copy to:
1. Labour Commissioner.
 2. Conciliation Officer of the concerned area.

Form-XXIII
(See sub-rule (1) of Rule 37)

(Notice of Lock-out to be given by an employer of an industrial establishment)

Name of employer

Address

Dated the day of 20

In accordance with the provisions of 62 (6) of this Code, I/ we hereby give notice to all concerned that it is my/ our intention to effect lock out in department(s), section(s) of my/ our establishment with effect from for the reasons explained in the annexure.

Form-XXIV
(See Rule 38)

(Notice of Intimation of Retrenchment to be given by an employer to the State Government)

[In cases of Part I, the prior notice of intimation should be served thirty days before the commencement of retrenchment]

Name of Industrial Establishment or Undertaking or Employer
..... Registration No./Licence No. Address
Dated (DD/MM/YYYY).

To,
The Principal Secretary/ Secretary to the Government of Meghalaya,
Department of Labour, Employment & Skill Development.

Sir,

Part – I
(Retrenchment)

1. Under clause (a) of Section 70 of the Industrial Relation Code, 2020, I/ whereby inform you that I/ we have decided to retrench (number of workers)
..... workers with effect from
(DD/MM/YYYY) the list of workers and other details of their service and payments are enclose in the **Annexure I** and the reasons for retrenchment explained in the **Annexure II**.
2. The workers concerned have been given on the (DD/MM/YYYY)
one month's notice in writing as required.
or
The worker(s) have been given on the (DD/MM/YYYY) one
month's pay in lieu of notice as required.
3. The total number of workers employed in the industrial establishment/ undertaking
are and the total number of those who are being
retrenched are the list is enclosed.
4. I/ We declare the I/ we have/ shall pay all the dues to the workers before the expiry
of the notice period as per Section 75 / Section 70 of this Code.
5. I/ We declare that there is no case in any Court of Law pending about this matter.
6. I/ We declare that all the information in this notice and annexure and the list are
correct to the best of my/ our knowledge and I/ We shall remain responsible for the
correctness of the information and I/ We have not hidden any facts or evidence in the
matter.

ANNEXURE I

Sr	UAN/CMPFO	Name of the worker	Category Highly Skilled/ Skilled/ /Semi/ Unskilled	Date of Appointment with Employer	Wages on the date of application	Total payable wages, compensation and other dues (Head wise details)	Date of payment of wages, compensation and other dues (Head wise details)	Remarks

ANNEXURE II

Statement of Reasons for retrenchment

- 1.
- 2.

.....

Copy to:

1. To The Labour Commissioner
2. Conciliation Officer of the concerned area

Form-XXV

(See Rule 40)

(Notice of Intimation of Closure to be given by an employer to the State Government)

[In case of Part II, the prior notice of intimation should be served sixty days before the commencement of closure]

Name of Industrial Establishment or Undertaking or Employer
.....Registration No./ Licence No. Address
.....
.....D
ated(DD/MM/YYYY).

To,
The Principal Secretary/ Secretary to the Government of Meghalaya,
Department of Labour, Employment & Skill Development.

Sir,

Part – II (Closure)

1. Under sub-section (1) of Section 74 of the Industrial Relation Code, 2020, I/ we hereby inform you that I/ we have decided to close down
(name of the industrial establishment or undertaking or employer) with effect from
..... (DD/MM/YYYY). The list of affected workers and other details of their service and payments are enclosed in the **Annexure I** and the reasons for closure explained in the **Annexure II**.

2. The number of workers whose services would come to an end on account of the closure of the industrial establishment or undertaking are (number of workers).
3. Number of workers (Attach the list) Category and designation of workers, who have been affected due to closure.
I/ We hereby declare that all the worker/ workers concerned has / have been / will be paid compensation due to them under Section 75 of this Code before or on the date of expiry of the notice period as per **Annexure II**.
4. I/ We declare that there is no case in any Court of Law pending about this matter.
5. I/ We declare that all the information in this notice and annexure and the list are correct to the best of my/ our knowledge and I/we shall remain responsible for the correctness of the information and I/ We have not hidden any facts or evidence in the matter.

Yours faithfully,

(Name & Designation of the employer/ Authorised Representative)

ANNEXURE I

Sr	UAN/CMPFO	Name of the worker	Category Highly Skilled/ Skilled /Semi/ Unskilled	Date of Appointment with Employer	Wages on the date of application	Total payable wages, compensation and other dues (Head wise details)	Date of payment of wages, compensation and other dues (Head wise details)	Remarks

Annexure II

Statement of Reasons for closure with reference to Rule 25 and Rule 27 and Form IX

- 1.
 - 2.
-

Copy to:

3. To The Labour Commissioner
4. Conciliation Officer of the concerned area

Form-XXVI
(See Rule 41)

[Form of application for permission of **Lay-off or for continuation of lay-off** in Industrial establishments or Undertaking to which provisions of Chapter X of the Industrial Relations Code, 2020 applies to be presented 15 days prior to lay-off / from the end of last lay-off]

To,
The Principal Secretary/ Secretary to the Government of Meghalaya/
Authorised Officer,
Department of Labour, Employment & Skill Development.

Sir,
Name of Industrial Establishment or Undertaking or Employer
Labour Index No. Address
.....
Dated (DD/MM/YYYY).

1. Under Section 78 of the Industrial Relations Code, 2020, I/we hereby apply for “permission to lay-off workers (indicate number in figures and words) out of total of workers (indicate number in figures and words) employed in my/ our establishment with effect from (DD/MM/YYYY). List and other details of service and payments of laid off workers is attached in the **Annexure I**. The reasons for lay off/ continuation of lay off and other details are set out in the **Annexure II**.

2. The workers concerned have been given*notice in writing as required under Section 79.

or

The worker concerned have not* given notice since the retrenchment is under an agreement (copy of which is enclosed) as provided in the proviso to the said clause.

3. All such workers permitted to be laid-off due to closure shall be paid such compensation, to which they are entitled under Section 67, read with sub-section (10) of Section 78, sub-section (9) of Section 79, or sub-section (8) of Section 80 respectively of this Code as per the details given below in the Annexure.

4. I/ We declare that there is no case in any Court of Law pending about this matter.

5. I/ We declare that all the information in this notice, annexures and the lists are correct to the best of my knowledge and I/ We shall be responsible for the correctness of the information and I/ We have not hidden any facts or evidence in the matter.

Yours faithfully,
(Signature)

(*Strike off which is not applicable)

ANNEXURE I

Sr	UAN/CMPFO	Name of the worker	Category Highly Skilled/ Skilled/ /Semi/ Unskilled	Date of Appointment with Employer	Wages on the date of application	Total payable wages, compensation and other dues (Head wise details)	Date of payment of wages, compensation and other dues (Head wise details)	Remarks

ANNEXURE II

	Particulars	Remarks, if any
1.	Name of the industrial establishment/ undertaking with complete postal address along with Pin Code, e-mail, telephone number(s)	
2.	Status of undertaking— (i) Whether Central Public sector/ State public sector/ Foreign majority company/ joint sector company, etc., (In case of foreign holding company then indicate the extent of foreign holding)	Indicate the status of the company
	(ii) Whether a private limited company/ partnership firm or proprietorship firm	
3.	(a) MCA number	
	(b) GSTN number	
	(c) Registration number of the Labour Department	
4.	(i) Annual production, item wise for pre-ceding three years- (ii) Production figures, month-wise, for the preceding twelve months.	Attach details Attach details
5.	Balance sheets, profit and loss accounts and audit reports for the last three years.	
6.	Names of the inter-connected companies or companies under the same management.	Attach details
7.	Details of lay-off/ Retrenchment resorted to in the last three years (other than the lay-off/ Retrenchment for which permission is sought), including the periods of such lay-offs/ the number of workmen involved in each such lay-off/ continuation lay off	Attach details
8.	Any other relevant details which have bearing on lay-off	Attach details
9.	Statement of reasons for lay-off with documentary evidence	Attach details

A copy of this form shall be submitted to the Labour Commissioner and the concerned Conciliation Office of the area.

Form-XXVII
(See Rule 44)

[Form of application for permission of **Retrenchment** in Industrial Establishments or Undertaking to which provisions of Chapter X of the Industrial Relations Code, 2020 applies to be submitted sixty days before the retrenchment]

To,
The Principal Secretary/ Secretary to the Government of Meghalaya,
Department of Labour, Employment & Skill Development.

Sir,

1. Under sub-section (2) of Section 79 of the Industrial Relation Code 2020, I/ We hereby apply for permission for proposed retrenchment of workers (indicate number in figures and words) with effect from (DD/MM/YYYY). List and other details of service and Payments of retrenched workers is attached in the **Annexure I**. The reasons for retrenchment and other details are set out in the **Annexure II**.

2. The workers concerned have been given* notice in writing as required under clause (a) of sub-section (1) of Section 79. The worker concerned have not* been given notice since the retrenchment is under an agreement (copy of which is enclosed) as provided in the proviso to the said clause.

3. All such workers permitted to be retrenched shall be paid such compensation to which they are entitled under Section 79 of this Code and all other dues, as per the details given below in the **Annexure I**.

4. I/ We declare that there is no case in any Court of Law pending about this matter.

5. I/ We declare that all the information in this notice, annexures and the lists are correct to the best of my knowledge and I/ We shall be responsible for the correctness of the information and I/ We have not hidden any facts or evidence in the matter.

Permission is solicited for the retrenchment of the workers of the said establishment.

Yours faithfully,
(Signature)

(*Strike off which is not applicable)

(**The application for permission in case of closure must be given at least 90 days before the intended closure)

ANNEXURE I

Sr	UAN/CMPFO	Name of the worker	Category Highly Skilled/ Skilled /Semi/ Unskilled	Date of Appointment with Employer	Wages on the date of intimation	Total payable wages, compensation and other dues (Head wise details)	Proposed Date of payment of wages, compensation and other dues (Head wise details)	Remarks

ANNEXURE II

	Particulars	Remarks, if any
1.	Name of the industrial establishment/ undertaking with complete postal address along with Pin Code, e-mail, telephone number(s)	
2.	Status of undertaking— (i) Whether Central Public sector/ State public sector/ Foreign majority company/ Joint sector company, etc., (In case of foreign holding company then indicate the extent of foreign holding) (ii) Whether a private limited company/ partnership firm or proprietorship firm	Indicate the status of the company
3.	(a) MCA number (b) GSTN number (c) Registration number of the Labour Department	Attach details
4.	(i) Annual production, item wise for pre-ceding three years- (ii) Production figures, month-wise, for the preceding twelve months.	
5.	Balance sheets, profit and loss accounts and audit reports for the last three years.	Attach details
6.	Names of the inter-connected companies or companies under the same management.	Attach details
7.	Details of Retrenchment resorted to in the last three years (other than the Retrenchment for which permission is sought), including the periods of such Retrenchment the number of workmen involved in each such Retrenchment	Attach details
8.	Any other relevant details which have bearing Retrenchment	Attach details
9.	Statement of reasons Retrenchment with documentary evidence	Attach details

A copy of this form shall be submitted to the Labour Commissioner and the concerned Conciliation Office of the area.

Form-XXVIII
(See Rule 46)

[Form of application for permission of **Closure** in Industrial Establishments or Undertaking to which provisions of Chapter X of the Industrial Relations Code, 2020 applies]

To,
The Principal Secretary/ Secretary to the Government of Meghalaya,
Department of Labour, Employment & Skill Development.

Sir,

1. Under Section 80 (1) of the Industrial Relation Code 2020, I/ We hereby inform you that I/ we propose to close down the undertaking specified below of (name of the industrial establishment) with effect from (DD/MM/YYYY). List and other details of service and Payments of affected workers due to closure is attached in the **Annexure I**. The reasons for closure and other details are set out in the **Annexure II**.

2. The workers concerned have been given notice in writing as required under clause (a) of sub-section (1) of Section 79.

3. All such workers affected by closure shall be paid such compensation, to which they are entitled under Section 79 of this Code and all other dues, as per the details given below in the **Annexure I**.

4. I/ We declare that there is no case in any Court of Law pending about this matter.

5. I/ We declare that all the information in this notice, annexures and the lists are correct to the best of my knowledge and I/ We shall be responsible for the correctness of the information and I/ We have not hidden any facts or evidence in the matter.

Permission is solicited for the closure of the said establishment.

Yours faithfully,
(Signature)

(*Strike off which is not applicable)

(**The application for permission in case of closure must be given at least 90 days before of the intended closure)

ANNEXURE I

Sr	UAN/CMPFO	Name of the worker	Category Highly Skilled/ Skilled/ Semi/ Unskilled	Date of Appointment with Employer	Wages on the date of intimation	Total payable wages, compensation and other dues (Head wise details)	Proposed Date of payment of wages, compensation and other dues (Head wise details)	Remarks

ANNEXURE II

	Particulars	Remarks, if any
1.	Name of the industrial establishment/ undertaking with complete postal address along with Pin Code, e-mail, telephone number(s)	
2.	Status of undertaking— (i) Whether Central Public sector/ State public sector/ Foreign majority company/ Joint sector company, etc., (In case of foreign holding company then indicate the extent of foreign holding) (ii) Whether a private limited company/ partnership firm or proprietorship firm	Indicate the status of the company
3.	(a) MCA number (b) GSTN number (c) Registration number of the Labour Department	
4.	(a) *Names and identification number of the affected workers proposed to be affected by closure	The identification number UAN of EPFO under SS Code.
5.	(i) Annual production, item wise for pre-ceding three years. (ii) Production figures, month-wise, for the preceding twelve months.	
6.	Balance sheets, profit and loss accounts and audit reports for the last three years.	To be annexed
7.	Net worth of the company	
8.	Names of the inter-connected companies or companies under the same management.	
9.	Details of lay-off/ Retrenchment resorted to in the last three years (other than the lay-off/ Retrenchment for which permission is sought), including the periods of such lay-offs/ Retrenchment the number of workmen involved in each such lay-off/ Retrenchment/ continuation lay off	
10.	Any other relevant details which have bearing on Closure	

A copy of this form shall be submitted to the Labour Commissioner and the concerned Conciliation Office of the area.

Form-XXIX

(See Rule 49)

(Notice to the Employer who committed an offence for the first time under this Code, for compounding of offence under sub-section (4) of Section 89)

The undersigned and the Compounding Officer under sub-section (1) of Section 89 of the Industrial Relation Code, 2020 hereby intimates that the allegation has been made against you for committing offence for the violation of various provision of this Code as per the details given below:-

PART – I

1. Name and Address of the Offender Employer
2. Address of the Establishment
3. Particulars of the offence
4. Section of the Code under which the offence is committed
5. Compounding amount required to be paid towards composition of the offence

PART – II

You are advised to deposit the above mentioned amount within fifteen days from the date of issue of this notice for compounding the offence as per Section 89 (1) of the Industrial Relations Code, 2020, along with an application duly filled in Part – III of this notice.

In case you fail to deposit the said amount within the special time, no further opportunity shall be given and necessary direction for filing of prosecution under Section shall be issued.

(Signature of the Compounding Officer)

Date:

Place:

PART – III

Application under sub-section (4) of Section 89 for compounding of offence

1. Name of applicant (name of the employer who committed the offence under the Industrial Relations Code 2020 to be mentioned
2. Address of the applicant
3. Particulars of the offence
-
4. Section of the Code under which the offence has been committed
-
5. Details of the compounding amount deposited (electronically generated or other receipt to be attached)
6. Details of the prosecution, if filed for the violation of above mentioned offences may be given
7. Whether the offence is first offence or the applicant had committed any other offence prior to this offence, if committed, then full details of the offence
-
-
8. Any other information which the applicant desires to provide
-
-
-

Dated:

Place:

Applicant
(Name and signature)

Form-XXX

(See Rule 51)

**(Complaint under Section 91 of the Industrial Relations Code, 2020
Before the Conciliation Officer/ Arbitrator/ Tribunal or, National Tribunal)**

In the matter of Reference No

A Complainants(s); Address:

Versus

B Opposite Party(ies); Address:

The petitioner(s) begs/ beg to complain that the Opposite Party(ies) has/ have been guilty of a contravention of the provisions of Section 90 of the Industrial Relations Code, 2020 as shown below:

(Here set out briefly the particulars showing the manner in which the alleged contravention has taken place and the grounds on which the order or act of the Management is challenged.)

The complainant(s) accordingly prays/ pray that the Conciliation officer/ Arbitrator/ Industrial Tribunal or National Tribunal may be pleased to decide the complaint set out above and pass such order or orders thereon as it may deem fit and proper.

The number of copies of the complaint and its annexure required under Section 91 of the Industrial Relation Code are submitted herewith.

Dated this day of 20

(Signature of the Complainant(s))

Verification

I do solemnly declare that what is stated in paragraph above is true to my knowledge and that what is stated in paragraphs above is stated upon information received and believed by me to be true. This verification is signed by me at on day of 20

Signature
or Thumb impression of the person verifying

Form-XXXI

(See Rule 52)

(Manner of authorisation of worker for representation under Section 94 of the Industrial Relations Code, 2020)

To,
The Authority (name)
Address
.....

I (name of the applicant) hereby authorise Shri
..... holding the post of executive/ Officer bearer
(name of the post) in the Trade Union (name of the
Trade Union) bearing
registration number to represent me (name of the
applicant) employed in (name of the
establishment and address) in the matter as
mentioned below:-

Signature and name and address of the applicant

Form-XXXII

(See Rule 53)

(Manner of authorisation of employer for representation under Section 94 of the Industrial Relations Code, 2020)

To,
The Authority (name)
Address
.....

I (name of the applicant)
designation and name & address of the
industrial establishment
hereby authorise Shri , holding the
post of (name of the post) in the Establishment/
Association of Employers (name of the establishment or Association of Employers and
address) in the matter as
mentioned below:-

Details of the Matter:-

Signature and name and address of the applicant

By Order

(Shri. C. Songate, IRS),
Principal Secretary to the Govt. of Meghalaya,
Department of Labour, Employment & Skill Development.
