7		134(1)	Whether Combined Annual Returns in Form 20 submitted?		
8	ME OF V	33Y	Whether action has been taken to display posters relating to health safety and welfare of the workers?	dien Role	

DEPAR		all the categories of wo ticularly for contra	(2)2		ALTH
		Date:		•••••	
	rm No.1 mainteined?	rm-II			
Certif	icate issued for having admitte		a State	Fact	ories
1	Name and address of the Factory	How identy workers and Act?			
	Phone No.	10. Maternity B			
are a S	Mobile No.	Provis	Rule	mole	328
	Email.	aru eraslaow v.l.e a woll			
	Fax No.	Fow many workers or			
	Website	How much bave he	-		
2	Name of Occupier of the Factory	bonefit, under this Act? is medical boots rand frave bem said			
	Phone No.	s any worker distribute		2	1
	Mobile No.	le ubsurent of the A			
	Email.	Shiresigail			
	Fax No.	LL Misco		9	
3	Licence no.	1			
4	Nature of Manufacturing Process	la lations welfare for			
5	Licensed No. of workers	6 IncomA Shattlendus			
his is ce	ertify that the above factory h Self Certification Scheme-20 to date:	124 for a period of	nve ye	ars	HOIH C

Factories S	Self Certification Sche	me-2024 for a period of five years from subject to the condition s	om date: stipulated
under the	said scheme.	Whether proceedings as	
		Signature of the Chief Inspecto	or
Date: Place:	niffered? If so.		