

2. Father's / Spouse name :
3. Address of the applicant :
4. Particulars of the offence:.....
.....
5. Section of the Code under which the offence is committed :
.....
6. Maximum fine provided for the offence under the Code :
.....
7. Whether prosecution against the applicant is pending or not
.....
8. Whether the offence is first offence or the applicant had committed any other offence prior to the offence. If yes, then, full details of the prior offence.
.....
9. Any other information which the applicant desires to provide
.....

Dated:

Applicant (Name and signature)

PART – B
[See rule 54 (3)]

Composition Certificate

Ref: Notice No.....

Date:

This is to certify that the offence under sub-section of section 54 in respect of which Notice No. Dated: ____ was issued to Sh..... (Applicant), the employer of (name and registration number of establishment) has been compounded on account of remission of full amount of Rs (Rupees _____) towards the composition of offences to the satisfaction of the said notice.

(Signature)
Name and Designation of the Officer

Date:

Place:

To:

.....(Employer/Establishment)

.....(Name and registration number)

.....(Address)

FORM-VII

(See clause (a) of sub rule (1) of rule 45) NOMINATION

FORM

1. Name of person making nomination:
(In block letters):
2. Father's/Spouse's Name:
3. Date of Birth:
4. Sex:

5. Marital Status:

6. Address:

Permanent:

Temporary:

I hereby nominate the person(s)/cancel the nomination made by me previously and nominate the person(s) mentioned below to receive any amount due to me from the employer in the event of my death:-

Name of nominee/nominees	Address	Nominee's relationship with the employee	Date of Birth	Total amount of share of accumulations in credit to be paid to each nominee	If the nominee is minor, name, relationship, and address of the guardian who may receive the amount during the minority of nominee
(1)	(2)	(3)	(4)	(5)	(6)

1. Certified that I have no family and if I acquire a family hereafter, the above nomination shall be deemed as cancelled.

2. Certified that my father/mother is/are dependent upon me.

3. Strike out whichever is not applicable.

Signature or the thumb impression of the employee

CERTIFICATE BY EMPLOYER

Certified that the above declaration and nomination has been signed/thumb impressed before me by Shri/Smt/Ku employed in my establishment after he/she has read the entry/entries or have been read over to him/her by me and got confirmed by him/her in either of the cases. Signature of the employer or other authorised officer of the establishment and Designation Place:

Date:

Name and Address of the Factory/Establishment and rubber stamp thereof

ACKNOWLEDGEMENT BY THE EMPLOYEE

Received the duplicate copy of nomination in Form-VIII filed by me and duly certified by the employer. Date: _

Signature of the Employee

FORM VIII

(See sub rule (2) of Rule 49)

(A). FORM OF NOTICE TO THE RESPONDENT TO BE ISSUED BY THE AUTHORITY UNDER SUB-SECTION (5) OF SECTION 45

(Title of the application)

To

Name Address