

“Annexure-I”

APPLICATION FOR REGISTRATION OF UNORGANIZED WORKERS
(Under Unorganized Workers Social Security Act 2008)

Attach Two
Recent pass Port
size Colour Photo
(Paste one and stapled one)

Registration No. to be allotted 0

Adhaar No. 0

Personal Details

(I) Name of the Unorganized Worker:

(II) Sex: Mal Fem **(III) Marital Status:** Unmarried Married Widower Widw

(IV) Father's Name:

(V) Mother's Name:

(VI) Name of Spouse:

(VII) Date of Birth: / /

(VIII) Category: General SC SC **(IX) Physically Handicapped** Yes No

(X) Permanent Resident of J&K State: Yes No **(XI) Ration Card Category:** APL BPL AAY

(XII) Select Spoken Language Hindi Dgri Pahji Kashrji Gojri Urdu La khi

(XIII) Present Address **(XIV) Permanent Address (Tick if same as Present Address)**

(a) House No./Bldg: (a) House No./Bldg:

(b) Village/Locality: (b) Village/Locality:

(c) Gram Panchayat/W. No.: (c) Gram Panchayat /W. No.:

(d) Block/ Municipality /Town/City: (d) Block/ Municipality/ Town/City:

(e) Tehsil/Mandal: (e) Tehsil/Mandal:

(f) District: (f) District:

(g) Police Station: (g) Police Station:

(h) Post Office: Pin Code (h) Post Office: Pin Code

(i) State: **Jammu and Kashmir** (i) State:

(j) Contact Number: **g "0"** (j) Contact Number:

Bank Account Number(16 digit)	Name of Bank	Branch Name	IFSC Code (11 digits)
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

(XIV) Select Profession: Write the number from list below [] Name of Establishment in case of 32 _____

1. Carpet Weaver	2. Tailor	3. Cobbler	4. Gold smith	5. Copper smith	6. Handloom handicraft worker
7. Paper mashie worker	8. Potter	9. Hair dresser	10. Hawker /Street vendor	11. Washer	12. Baker
13. Gardener	14. Spinning Wheel worker	15. Knitting worker	16. Agriculture worker	17. Automobile Mechanic	18. Tyre worker
19. Brick worker	20. Wood cutter	21. Coolies working in transport yards and other busy places	22. Pony wala	23. Embroidery worker	24. Zarduzi worker.
25. Rag picker	26. Electronic goods repair worker	27. Leather worker	28. Security Services	29. Shops and Establishment services with strength below 10	30. Petrol Diesel Pump services
31. Domestic worker					

32 A worker working in any establishment but not covered under the Labour Acts like
 a, The workmen's compensation Act 1923 b, The Industrial Dispute Act 1947
 c, The Employees Insurance Act d, The EPF and misalliances Act 1952
 e, The Maternity benefit Act 1961 f, The Payment of gratuity Act 1972

(XV) Family Details (Dependents)

S. No	Name	Relation	Date of Birth	Sex	Profession / occupation. Name of the class be indicated in case the children are under studies	Marital Status	Educational Qualification	Skill Training required if any	Aadhaar Number (12 digits) if available, not mandatory
1			/ /						
2			/ /						
3			/ /						
4			/ /						
5			/ /						
6			/ /						
7			/ /						
8			/ /						

Is wife Employed? s if yes, Write the Employment Type _____

(XVI) Anyone in the family also registered as a Building and Construction Worker with J&K BOCWWB? YES NO

If YES, fill the details below:

Name of Family Member	Registration Number	Name of Family Member	Registration Number
1	J K	2	J K

(XVII) Whether included in any of the following schemes. If yes, please indicated the details.

S.No	Name of Beneficiary (self or dependent family member)	Indira Gandhi National Old Pension Scheme (IGNOAPS)	Aam Aadmi Bima Yojana	Rashtriya Swasthya Bima Yojana

(XVIII) Details of Nominees for schemes

S.No.	Name of Nominee	Age/Date of Birth	Relation with unorganized worker	% Share of Nominee	Aadhaar No. of Nominee

1	Are you a beneficiary of cess Fund?	If yes, please give Registration No. and Name of Cess Fund			
		Name of Cess Fund	Whether beneficiary (Y/N)	Registration No.	
		The Limestone & Dolomite Mines Labour Welfare Fund Act, 1972	Y/N		
		The Bidi Workers Welfare Fund Act, 1976	Y/N		
		The Iron Ore Mines, Manganese Ore Mines & Chrome Ore Mines Labour Welfare Fund Act, 1976	Y/N		
		The Cine Workers Welfare Fund Act, 1981	Y/N		
		The Mica Mines Labour Welfare Fund Act, 1946	Y/N		
2	Optional Information *	State at their discretion may obtain information regarding skills and Educational Qualification			

Check-List of Document to be submitted and kept in original while Filing up Registration

Form (Tick):

1	Age Certificate (in order of Preference) [I-Registrar of Births/II-School Certificate/ III-if both unavailable, Certificate of Medical Officer in Govt. Hospital not below the rank of Asst. Surgeon]	<input type="checkbox"/>
2	Identity and Address Proof [Aadhaar Card/ Driving License/Election ID/Passport]	<input type="checkbox"/>
3	A Certificate from any Gazetted Officer as identity proof of being an Unorganized worker	<input type="checkbox"/>
4	Certificate from Owner/ MD of the establishment in case of workers engaged in establishments but not provided social security cover.	<input type="checkbox"/>

Self-Declaration: I hereby declare that the information given here above is true and nothing has been concealed thereof. I further declare that I fall in the definition of unorganized worker as spelt out under Sub Section M Section 2 of Unorganized Workers Social Security Act 2008. I also declare that I am not registered with J&K Building and Other Construction Worker Welfare Board. In case any information provided here above is proved to be false at any time, my registration shall be liable for cancelation and I shall be liable for any legal action under the act.

Authorization to share AADHAAR number with UIDAI

I do hereby authorize the State Government of < Name of State> and Central Government, sharing my AADHAAR number with UIDAI for verification and for publication in the occupation wise list of unorganized workers as well as future validation purposes.

Place: _____

Date: / /



Signature/ Right Thumbimpression of theApplicant

Enumerator's Stamp and Signature with date

Date and Time of enumeration _____
Name of enumerator _____
Mobile number of enumerator _____