

# GOVERNMENT OF KERALA

## Abstract

Incentives for promoting the Information Technology Industry and Information Technology enabled services - self certification to be issued by the Management's under various labour Acts and Rules - Orders Issued.

---

### LABOUR & REHABILITATION (E) DEPARTMENT

G.O.(Ms) No.55/2002/LBR

Dated, Thiruvananthapuram, 27th July, 2002

---

Read: 1. Letter No.G4 /2002 dated 27-2-2002 from Labour Commissioner, Thiruvananthapuram  
2. Letter No. G1 - 1943 / 2002 / F&B dated 1-4-2002 from the Director of Factories & Boilers, Thiruvananthapuram.

### ORDER

Government have recently announced a draft Labour policy with a view to promoting workers welfare and to enhance employment opportunities in the State. As a part of this strategy, Government intends to simplify and modernise the labour enforcement regime in the State. Government are of view that the introduction of a "self certification system" would be desirable to minimize unnecessary harassment of existing establishments while ensuring a more effective system for compliance with the labour laws. Such a 'presumptive -compliance' system has been introduced in some other States including in Andhra Pradesh.

2. The Government of Kerala have also announced an Information Technology Policy with a view to promoting Kerala as a prime investment destination for the Information Technology Industry for Information Technology Enabled Services (I.T.E.S). The Government have therefore decided to introduce the self certification regime in respect of the following labour laws in the Information Technology and Information Technology Enabled Services (I.T.E.S) industries.

1. Payment of Wages Act 1936, and the Kerala Payment of Wages Rules 1958.
2. Minimum Wages Act 1948 and the Kerala Minimum Wages Rules 1958.
3. Contract Labour (Regulation and Abolition) Act 1970 and the Contract Labour (R&A) Rules 1974.
4. Kerala Shops and Commercial Establishment Act 1960 and the Kerala Shops and Commercial Establishment Rules 1961.
5. Kerala Casual, Temporary Badli Workers (Wages) Act 1989 and Kerala CTB Workers (Wages) Rules 1993.
6. Kerala Industrial Establishments (National and Festival) Holidays Act 1958 and Industrial Establishment (N&F) Rules 1959.
7. Maternity Benefit Act 1961 and the Kerala Maternity Benefit Rules 1964.
8. The Factories Act 1948 and the Kerala Factories Rules 1957.

3. Consequently Government hereby permit the Information Technology and Information Technology Enable Service (I.T.E.S) industries to adopt the self-certification procedure under the foregoing labour laws. The "Self-Certificates" will be furnished to the respective authorities under the listed Acts in the form appended herewith to this order. The Labour Commissioner and the Director, Factories & Boilers will ensure that routine inspections are immediately discontinued in the case if those establishments in the I.T & I.T.E.S sector which furnish "Self-Certificates" in the formats appended herewith in respect of the above mentioned laws.

4. However, Government and its authorized Officers shall retain the powers to inspect establishments relating to these Industries on the basis of substantive complaints received, if there is adequate reason to believe that managements have deviated from the provisions of the respective Acts or Rules.

5. In case it is found that any establishment which has furnished "Self-Certification" regarding compliance with any of these laws has violated its provisions, deterrent action will be taken by the concerned authorities.

By Order of the Governor

Elias George  
Secretary to Government

To

The Labour Commissioner, Thiruvananthapuram  
The Director, Factories & Boilers, Thiruvananthapuram  
The Secretary, Information Technology: She is requested to put up to Website of the Government of Kerala  
The Law Department (vide U.O No. 4248/FI/02/Law dated 4.4.02)  
S/F, O/C

Forwarded/By Order

Sd/-

(Section Officer)

**PROFORMA NO. VII**

(SELF CERTIFICATION FOR I T BASED INDUSTRIES, I T ENABLED SERVICES, BIO-TECHNOLOGY ESTABLISHMENTS, EXPORTS ORIENTED UNITS AND UNITS IN EXPORT PROCESSING ZONES UNDER THE PAYMENT OF WAGES ACT, 1936 AND THE KERALA PAYMENT OF WAGES RULES, 1958 FOR THE CALENDAR YEAR .....)

1. Name and Address of the factory / Establishment (with building number, Telephone numbers and Pin Code) :
  
2. Registration / Licence Number under the the Factories Act, 1948 or Kerala Shops and Commercial Establishments Act, 1960 :
  
3. Name/s and address /es of the Employer/s with residential address / es (Please Specify the Telephone number) :
  
4. Nature of manufacturing process / commercial / industreal / services carried on :
  
5. Present wage period (If different wage periods are observed for different categories that shall be specified) :
  
6. Date of payment of wages (If different dates are fixed that shall be specified) :
  
7. Total number of workers employed :

(a) Permanent  
Male  
Female  
Total

(b) Temporary  
Male  
Female  
Total

(c) Other if any (specify)  
Male  
Female  
Total

**DECLARATION**

All the information furnished above are true and correct to the best of my /our knowledge, belief and information.

Signature of Employer

Signature of Manager

Name:

Name:

Designation:

Designation:

Date:

Date:

Office seal:

Office seal:

**CERTIFICATE**

1. Certified that I / We have complied / am / are complying with all the statutory requirements under the Payment of Wages Act, 1936 and The Kerala Payment of Wages Rules, 1958 to the extent applicable to the Factory / Establishment.
2. I / We am / are the authorised person / s to issue this certificate and this is issued with full knowledge of the legal liabilities under this Act and Rules. I am / We are jointly and severally liable for any information found incorrect subsequently and liable for prosecution under this Act and Rules made thereunder.

Signature of Employer

Signature of Manager

Name:

Name:

Designation:

Designation:

Date:

Date:

Office seal:

Office seal:

(If more than one employer all of them shall sign and enter their details)

Submitted to

The Inspector of Factories and Boilers /  
Additional Inspector of Factories /  
Assistant Labour Officer /

.....  
.....  
.....

Copy to:

Regional Joint Director of Factories & Boiler /  
District Labour Officer (Enforcement)

.....  
.....  
.....

.....

**FOR OFFICE USE**

Date of receipt of the proforma in the office of the Authority .....

Remarks of the Authority if any

Signature

Office seal

Name and address of the Authority

Place:

Date:

**PROFORMA NO. VIII**

(SELF CERTIFICATION FOR I T BASED INDUSTRIES, I T ENABLED SERVICES, BIO-TECHNOLOGY ESTABLISHMENTS, EXPORTS ORIENTED UNITS AND UNITS IN EXPORT PROCESSING ZONES UNDER THE MINIMUM WAGES ACT, 1948 AND THE KERALA PAYMENT OF MINIMUM WAGES, 1958 FOR THE CALENDAR YEAR .....)

1. Name and Address of the Factory / Establishment (with Building number, Telephone numbers and Pin Code) :

2. Registration / Licence Number under the the Factories Act, 1948 or Kerala Shops and Commercial Establishments Act, 1960 :

3. Name/s and address /es of the Employer/s with residential address / es (Please specify the Telephone number) :

4. Nature of manufacturing process / commercial/ industrial/activities services carried on :

5. Total number of workers employed :

(a) Permanent  
Male  
Female  
Total

(b) Temporary  
Male  
Female  
Total

(c) Other if any (specify)  
Male  
Female  
Total

**DECLARATION**

All the information furnished above are true and correct to the best of my /our knowledge, belief and information.

Signature of Employer

Signature of Manager

Name:

Name:

Designation:

Designation:

Date:

Date:

Office seal:

Office seal:

**CERTIFICATE**

1. Certified that I / We have complied / am / are complying with all the statutory requirements under the Minimum Wages Act, 1948 and The Kerala Minimum Wages Rules, 1958 to the extent applicable to the Factory / Establishment.
2. I / We am / are the authorised person / s to issue this certificate and this is issued with full knowledge of the legal liabilities under this Act and Rules. I am / We are jointly and severally liable for any information found incorrect subsequently and liable for prosecution under this Act and Rules made thereunder.

Signature of Employer

Signature of Manager

Name:

Name:

Designation:

Designation:

Date:

Date:

Office seal:

Office seal:

(If more than one employer all of them shall sign and enter their details)

Submitted to

The Inspector of Factories and Boilers /  
Additional Inspector of Factories /  
Assistant Labour Officer /

.....  
.....

Copy to

Regional Joint Director of Factories & Boilers /  
District Labour Officer (Enforcement)

.....  
.....  
.....

.....

**FOR OFFICE USE**

Date of receipt of the proforma in the office of the Authority .....

Remarks of the Authority if any

Signature:

Office seal

Name and address of the Authority

Place:

Date:

**PROFORMA NO. III**

(SELF CERTIFICATION FOR IT BASED INDUSTRIES, IT ENABLED SERVICES, BIO-TECHNOLOGY ESTABLISHMENTS, EXPORTS ORIENTED UNITS AND UNITS IN EXPORT PROCESSING ZONES UNDER THE CONTRACT LABOUR (REGULATION AND ABOLITION) ACT, 1970 AND KERALA CONTRACT LABOUR (REGULATION AND ABOLITION) RULES, 1974 FOR THE CALENDAR YEAR .....)

1. Name and Address of the Factory / Establishment (with Building number, Telephone numbers and Pin Code) :
  
2. Registration / Licence Number under the the Factories Act, 1948 or Kerala Shops and Commercial Establishments Act, 1960 :
  
3. Registration No. of the establishment under the Contract Labour (Regulation and Abolition) Act, 1970 :
  
4. No. of Contractors engaged and the maximum number of contract labour engaged by each contractor :
  - (a) Name of the Contractors
  - (b) Number of contract labours engaged
    - Male
    - Female
    - Total
  
5. Name of the employment / work in which contract labour are engaged :
  
6. Name/ s and address /es of the Principal employer /s with residential address (Please specify the Telephone number) :
  
7. Nature of the manufacturing process / commercial services / industrial activities carried on :

8. Total number of workers employed  
(other than contract labour) :

(a) Permanent  
Male  
Female  
Total

(b) Temporary  
Male  
Female  
Total

(c) Other if any (specify)  
Male  
Female  
Total

### DECLARATION

All the information furnished above are true and correct to the best of my /our knowledge, belief and information.

Signature of Principal Employer:

Signature of Manager:

Name:

Name:

Designation:

Designation:

Date:

Date:

Office seal:

Office seal:

### CERTIFICATE

1. Certified that I / We have complied / am / are complying with all the statutory requirements under the Contract Labour (Regulation and Abolition) Act, 1970 and the Kerala Contract Labour (Regulation and Abolition) Rules, 1974 to the extent applicable to the Factory / Establishment.
2. I / We am / are the authorised person / s to issue this certificate and this is issued with full knowledge of the legal liabilities under this Act and Rules. I am / We are jointly and severally liable for any information found incorrect subsequently and liable for prosecution under this Act and Rules made thereunder.

Signature of Employer:

Signature of Manager:

Name:

Name:

Designation:

Designation:

Date:

Date:

Office seal:

Office seal:

(If more than one employer all of them shall sign and enter their details)

Submitted to

The Inspector of Factories and Boilers /  
Additional Inspector of Factories /  
Assistant Labour Officer /

.....  
.....  
.....

Copy to:

Regional Joint Director of Factories & Boilers /  
District Labour Officer (Enforcement)

.....  
.....  
.....

.....

**FOR OFFICE USE**

Date of receipt of the proforma in the office of the Authority .....

Remarks of the Authority, if any

Signature:

Office seal

Name and address of the Authority:

Place:

Date:

**PROFORMA NO. VI**

(SELF CERTIFICATION FOR I T BASED INDUSTRIES, I T ENABLED SERVICES, BIO-TECHNOLOGY ESTABLISHMENTS, EXPORTS ORINTED UNITS IN EXPORT PROCESSING ZONES UNDER THE KERALA INDUSTRIAL ESTABLISHMENTS (NATIONAL AND FESTIVAL HOLIDAYS) ACT, 1958 AND THE KERALA INDUSTRIAL ESTABLISHMENTS (NATIONAL AND FESTIVAL HOLIDAYS) RULES 1959 FOR THE CALENDAR YEAR.....)

1. Name and Address of the Factory/ Establishment (with building number, Telephone numbers and Pin Code) :
  
2. Registration /License Number under the Factories Act, 1948 or Kerala Shops and Commercial Establishments Act, 1960 :
  
3. Name / s and address / es of the Employer / s with residential address / es (Please specify the Telephone number) :
  
4. Nature of manufacturing process / commercial / industrial / services carried on :
  
5. Total number of workers employed :

(a) Permanent

Male  
Female  
Total

(b) Temporary

Male  
Female  
Total

(c) Others, if any (specify)

Male  
Female  
Total

**DECLARATION**

All the information furnished above are true and correct to the best of my / our knowledge , belief and information.

Signature of Employer:

Signature of Manger:

Name:

Name:

Desigantion:

Desigantion:

Date:

Date:

Office seal:

Office Seal:

**CERTIFICATE**

1. Certificate that I / We have complied / am / are complying with all the statutory requirements under the Kerala Industrial Estabilshments (National and Festival Holidays) Act. 1958 and The Kerala Industrial Estabilshments (National and Festival Holidays) Rules, 1959 to the extent applicate to the Factory / Estabilishment.
2. I / We am / are the authorised person / s to issue this certificate and this is issued with full knowledge of the legal liabilities under this Act and Rules. I am / We are jointly and severally liable for any information found incorrect subsequently and liable prosecution under this Act and Rules made thereunder.

Signature of Employer:

Signature of Manger:

Name:

Name:

Desigantion:

Desigantion:

Date:

Date:

Office seal:

Office Seal:

(If more than one employer, all of them shall sign and enter their details)

Submitted to

Assistant Labour Officer /

.....  
.....  
.....

Copy to :-

District Labour officer (Enforcement)

.....

.....  
.....

.....

**FOR OFFICE USE**

Date of receipt of the proforma in the office of the Authority .....

Remarks of the Authority, if any

Signature:

Office seal:

Name and address of the Authority:

Place:

Date:

**PROFORMA NO. V**

(SELF CERTIFICATION FOR IT BASED INDUSTRIES, IT ENABLED SERVICES, BIO-TECHNOLOGY ESTABLISHMENTS, EXPORTS ORIENTED UNITS AND UNITS IN EXPORT PROCESSING ZONES UNDER THE KERALA CASUAL, TEMPORARY, BADLI WORKERS (WAGES) ACT, 1989 AND THE KERALA CASUAL, TEMPORARY BADLI WORKERS (WAGES) RULES 1993 FOR THE CALENDAR YEAR.....)

- 1. Name and Address of the Factory / Establishment (with building number, Telephone numbers and Pin Code) :
  
- 2. Registration/License Number under the Factories Act, 1948 or Kerala Shops and Commercial Establishments Act, 1960 :
  
- 3. Name /s and address / es of the Employer/s with residential address/es (Please specify the Telephone number) :
  
- 4. Nature of manufacturing process/ commercial/ industrial activities carried on :
  
- 5. Total number of workers employed :

(a) Permanent

- Male
- Female
- Total

(b) Casual

- Male
- Female
- Total

(c) Temporary

- Male
- Female
- Total

(d) Badli

Male  
Female  
Total

**DECLARATION**

All the information furnished above are true and correct to the best of my / our knowledge, belief and information.

Signature of Employer:

Signature of Manager:

Name:

Name:

Designation:

Designation:

Date:

Date:

Office seal:

Office seal:

**CERTIFICATE**

1. Certified that I / we have complied / am are complying with all the statutory requirements under the Kerala Casual, Temporary, Baldi workers (Wages) Act, 1989 and the Kerala Casual, Temporary, Baldi Workers Rules 1993 to the extent applicable to the Factory/ Establishment.
2. I/We am are the authorised person / s to issue this certificate and this is issued with full knowledge of the legal liabilities under this Act and Rules. I am/ We are jointly and severally liable for any information fund incorrect subsequently and liable for prosecution under this Act and Rules made thereunder.

Signature of Employer:

Signature of Manager:

Name:

Name:

Designation:

Designation:

Date:

Date:

Office seal:

Office seal:

(If more than one employer all of them shall sign and enter their details)

Submitted to

Assistant Labour Officer  
.....  
.....  
.....

Copy to :-

District Labour Officer (Enforcement)

.....  
.....  
.....

.....

**FOR OFFICE USE**

Date of receipt of the proforma in the office of the Authority .....

Remarks of the Authority, if any

Signature:

Office seal:

Name and address of the Authority

Place:

Date:

**PROFORMA NO. IV**

(SELF CERTIFICATION FOR IT BASED INDUSTRIES, I T ENABLED SERVICES, BIO-TECHNOLOGY ESTABLISHMENTS, EXPORTS ORIENTED UNITS AND UNITS IN EXPORT PROCESSING ZONES UNDER THE KERALA SHOPS AND COMMERCIAL ESTABLISHMENTS ACT 1960 AND THE KERALA SHOPS & COMMERCIAL ESTABLISHMENT RULES, 1961 RULES 1959 FOR THE CALENDER YEAR .....)

- 1. Name and Address of the Factory / Establishment (with building number, Telephone numbers and Pin Code) :
  
- 2. Registration/License number under the Factories Act, 1948 or Kerala Shops and Commercial Establishments Act, 1960 :
  
- 3. Name /s and address / es of the Employer/s with residential address/es (Please specify the Telephone unumber) :
  
- 4. Nature of manufacturing process/ commercial and industrial activities carried on :
  
- 5. Total number of workers employed :

(a) Permanent

- Male
- Female
- Total

(b) Casual

- Male
- Female
- Total

(c) Temporary

- Male
- Female
- Total

**DECLARATION**

All the information furnished above are true and correct to the best of my / our knowledge, belief and information.

Signature of Employer:

Signature of Manager:

Name:

Name:

Designation:

Designation:

Date:

Date:

Office seal:

Office seal:

**CERTIFICATE**

1. Certified that /we have complied/ am are complying with all the statutory requirements under the Kerala shops & Commercial Establishments Act 1960 and Kerala Shops & Commercial Establishments Rules, 1961 to the extent applicable to the Factory/ Establishment.
2. I/We am are the authorised person / so to issue this certificate and this is issued with full knowledge of the legal liabilities under this Act and Rules. I am/ We are jointly and severally liable for any information fund incorrect subsequently and lible for prosecution under this Act and Rules made thereunder.

Signature of Employer:

Signature of Manager:

Name:

NAme:

Designation:

Designation:

Date:

Date:

Office seal:

Office seal:

(If more than one employer all of them shall sign and enter their details)

Submitted to

Assistant Labour Officer

.....  
.....  
.....

Copy to :-

District Labour Officer (Enforcement)

.....

.....  
.....

.....

**FOR OFFICE USE**

Date of receipt of the proforma in the office of the Authority .....

Remarks of the Authority, if any

Signature:

Office seal:

Name and address of the Authority:

Place:

Date :

**PROFORMA NO. II**

(SELF CERTIFICATION FOR IT BASED INDUSTRIES, I T ENABLED SERVICES, BIO-TECHNOLOGY ESTABLISHMENTS, EXPORTS ORINTED UNITS AND UNITS IN EXPORT PROCESSING ZONES UNDER THE THE MATERNITY BENEFIT ACT, 1961 AND THE KERALA MATERNITY BENEFIT RULES, 1964 FOR THE CALENDAR YEAR.....)

- 1. Name and Address of the Factory/ Establishment (with Building number, Telephone numbers and Pin Code) :
  
- 2. Registration /License number under the Factories Act, 1948 or Kerala Shops and Commercial Establishments Act, 1960 :
  
- 3. Name / s and address / es of the Employer / s with residential address / es (Please specify the Telephone number) :
  
- 4. Nature of service / commercial / industrial / manufacturing process carried on :
  
- 5. Total number of workers employed :

(a) Permanent

- Male
- Female
- Total

(b) Temporary

- Male
- Female
- Total

(c) Others, if any (specify)

- Male
- Female
- Total

## DECLARATION

All the information furnished above are true and correct to the best of my / our knowledge , belief and information.

Signature of Employer:

Signature of Manger:

Name:

Name:

Desigantion:

Desigantion:

Date:

Date:

Office seal:

Office Seal:

## CERTIFICATE

1. Certificate that I / We have complied / am / are complying with all the statutory requirements under the Maternity Benefit Act. 1961 and the Kerala Maternity Benefit Rules, 1964 to the extent applicate to the Factory / Estabilishment.
2. I / We am / are the authorised person / s to issue this certificate and this is issued with full knowledge of the legal liabilities under this Act and Rules. I am / We are jointly and severally liable for any information found incorrect subsequently and liable prosecution under this Act and Rules made thereunder.

Signature of Employer:

Signature of Manger:

Name:

Name:

Desigantion:

Desigantion:

Date:

Date:

Office seal:

Office Seal:

(If more than one employer all of them shall sign and enter their details)

Submitted to

1. The Inspector of Factories and Boilers /  
Additional Inspector of Factories/  
Assiststant Labour Officer/  
.....

Copy to :-

Regional Joint Director of Factories & Boilers /  
District Labour Officer (E)

.....  
.....  
.....

.....

**FOR OFFICE USE**

Date of receipt of the proforma in the office of the Authority .....

Remarks of the Authority, if any

Signature:

Office seal:

Name and address of the Authority

Place:

Date:

**PROFORMA NO. I**

(SELF CERTIFICATION FOR I T BASED INDUSTRIES, I T ENABLED SERVICES, BIO-TECHNOLOGY ESTABLISHMENTS, EXPORTS ORINTED UNITS AND UNITS IN EXPORT PROCESSING ZONES UNDER THE FACTORIES ACT, 1948 AND THE KERALA FACTORIES RULES 1957 FOR THE CALENDAR YEAR.....)

- 1. Name and Address of the Factory/ :  
(with Building number, Telephone numbers  
and Pin Code)
  
- 2. Registration /License number under the :  
Factories Act, 1948
  
- 3. Name / s and address / es of the occupier / s :  
with residential address / es (Please specify  
the Telephone number)
  
- 4. Nature of manufacturing process carried on :
  
- 5. Total number of workers employed :

(a) Permanent

- Male
- Female
- Total

(b) Temporary

- Male
- Female
- Total

(c) Others, if any (specify)

- Male
- Female
- Total

**DECLARATION**

All the information furnished above are true and correct to the best of my / our knowledge , belief and information.

Signature of Occupier:

Signature of Manger:

Name:

Name:

Desigantion:

Desigantion:

Date:

Date:

Office seal:

Office Seal:

**CERTIFICATE**

1. Certificate that I / We have complied / am / are complying with all the statutory requirements under the Factories Act. 1948 and the Kerala Factories Rules, 1957 to the extent applicate to the Factory.
2. I / We am / are the authorised person / s to issue this certificate and this is issued with full knowledge of the legal liabilities under this Act and Rules. I am / We are jointly and severally liable for any information found incorrect subsequently and liable prosecution under this Act and Rules made thereunder.

Signature of Occupier:

Signature of Manger:

Name:

Name:

Desigantion:

Desigantion:

Date:

Date:

Office seal:

Office Seal:

(If more than one occupier all of them shall sign and enter their details)

Submitted to

1. The Inspector of Factories and Boilers /  
Additional Inspector of Factories/  
.....  
.....  
.....

Copy to :-

Regional Joint Director of Factories & Boilers /

.....  
.....  
.....

.....

**FOR OFFICE USE**

Date of receipt of the proforma in the office of the Authority .....

Remarks of the Authority, if any:

Signature:

Office seal:

Name and address of the Authority

Place:

Date: