

FORM 4(CL)
 {See rule 21(1)}
APPLICATION FOR LICENCE

- I. Name and address of the contractor (including his father's name) Sanjay Gandhi s/o late V. P. Gandhi
18/611 Joshi Road New Delhi
- II. Particulars of establishment where contract labour is to be employed.
1. Name and address of the establishment M/s B. L. Kapoor Hospital
Pusa Road N. Delhi.
M/s Ujjwal Enterprises.
18/611 Joshi Road, Kirti Bahadur Park, N. Delhi
2. No. and date of certificate of registration of establishment under the Act. _____
3. Name and address of the principal employer. M/s B. L. Kapoor Hospital
Pusa Road N. Delhi.
4. Nature of process, operation or work in which establishment is engaged. Utility Services.
5. Nature of process, operation or work for which contract labour is to be employed in the establishment. Utility Service
6. Duration of the proposed contract work (give proposed date of commencing and ending) 15th Oct 2014 to 14th Oct 2015.
7. Name and address of agent or manager of contractor at the work establishment. Mr. Santosh Kumar.
8. Maximum No. of employees proposed to be employed as contract labour in the establishment. 175.
- III. Whether the contractor has worked in any other establishment within the past five years, (if so, details of the Principal, establishment and nature of work). M/s Agar Law Hospital, Pujab Bakh N. Delhi
- IV. The estimated value of the contract work. Approx Twenty Lacs (Per Month)
- V. Number and date of Treasury receipt enclosed. _____

{ Particulars of security deposit, required to be adjusted including Treasury Receipt number and date, _____ }

The amount of security of balance, if any, after adjustment of amount to be refunded under rule 31, if any deposited with Treasury { Receipt number and date } _____

DECLARATION

I hereby declare that the details given above are correct to the best of my knowledge and belief.

For Ujjwal Enterprises

Place-----

Date-----

Signature of the applicant

(contractor) **(Proprietor)**

Rajendra

Note:- The application should be accompanied by a treasury receipt and a certificate in Form 5 form each of the principal employer.

(to be filed by the office of the licencing officer)

Date of receipt of the application with challan, or fees/security deposit.

Signature of the Licencing Officer.