**Self-Declaration**

(To be given on letter head duly stamped and signed by Director/Partner/Proprietor)

To

General Manager District Industries Centre (Name of District)

Subject: Self Declaration as per the order of District Magistrate, (Name of District)

I ………..………………………………….. s/o ………………………………………

(Director/Partner/Proprietor/Authorized Signatory) of M/s. ………………………………………

………………………………………………………………………………………………………

……………………………………………………………………(Complete Address of the unit) want to restart the operations of my industry during lockdown and do hereby undertake and declare as under:

1. That my industry is located in rural area i.e. out of Municipal Corporation/ Committee limit/ Nagar Panchyats limit/ in Focal Point/ Industrial Area/ Industrial Estate/ Industrial Growth Centre/ Industrial Park/ SEZ/ (Tick applicable) situated within the jurisdiction of District (Name of District).
2. That the UAM/IEM No. of my unit is ……………………………………………………..
3. That I have made all adequate arrangements in my industry as per Government of India and State Government orders issued from time to time and will follow all SOPs mentioned in order issued by District Magistrate, (Name of District) and Government of Punjab, Deptt. Of Health & Family Welfare vide order no. MD/NHM 2020/3147/ (R) Dated 25.04.2020.
4. I want to deploy number of workers in my unit to restart the operations. I will

abide by all the advisories and guidelines issued by State as well as Central Government for the containment of COVID-19 in my industry.

1. That if any Corona Positive case is found in my industry, I will inform immediately to the authorities concerned and take all preventive measures for its containment.
2. That social distancing will be maintained in my factory during working hours.
3. That I will get the movement passes issued from the authorities as mentioned in order issued by District Magistrate, (Name of District) and follow the timeline for the movement of the workers.

Date:

Verification:

Stamp and Signatures Mobile Number Email ID

Verified that the above information is true and correct to my knowledge and belief and nothing has been concealed therein.

Stamp and Signatures Mobile Number Email ID

**Format for Bulk Passes** (To be Submitted on letter head)

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| Sr.  No. | Name of the worker | Adhaar Card Number |
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**Declaration:**

I …………………………………………..… s/o ………………………………………..

Designation…………………………… of M/s. ………………………………………………....

Address……………………………………………………………………………………………

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do hereby affirm and declare that all workers listed above are covered under ESI/Medical Insurance. In case this information is found to be incorrect, I will be personally responsible for the same.

Date:

Stamp and Signatures Mobile Number Email ID

For Office Use

The above list is here by counter sign and approved to act as Bulk Curfew Pass.

General Manager,

District Industries Centre

(Name of District)

**Format for Issuance of Passes for Transport Vehicles to be used for transportation of workers**

|  |  |  |
| --- | --- | --- |
| Sr.  No. | Registration no. of Vehicle | Make of Transport Vehicle |
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Date:

Stamp and Signatures Mobile Number Email ID

For Office Use

The above list is here by counter sign and approved to act as Bulk Curfew Passes for Transportation of Workers.

General Manager,

District Industries Centre

(Name of District)