

TENDER NO – PSER:SCT:VRM:C-1907:18		
VOLUME-IF-CML- REV-00	ANNEXURE-1 TO TECHNICAL CONDITIONS OF CONTRACT (TCC)	PAGE 1 OF 1

GATE PASS /GATE ENTRY FORMATS

CONTENTS

PAGE NO	DESCRIPTION	PAGE NO
1.0	CONTRACTOR'S WORKMAN PHOTO PASS REQUISITION FORMAT	2 TO 2
2.0	ENTRY PASS REQUEST LETTER FORMAT	3 TO 3
3.0	UNDERTAKING FORMAT FOR NOT HAVING ANY POLICE CASE OF THE WORKMAN ENGAGED BY CONTRACTOR	4 TO 4
4.0	DECLARATION FORMAT FOR NOT HAVING PREVIOUS VALID GATE PASS OF HPCL	5 TO 6
5.0	CONSOLIDATED DATA SHEET OF PURCHASE ORDERS AND WORKMAN DETAILS FORMAT	7 TO 7
6.0	CONTRACTOR'S PHOTO PASS REQUISITION FORMAT	8 TO 8
7.0	CONTRACTOR'S EMPLOYEE ENTRY PASS REQUEST LETTER FORMAT	9 TO 9
8.0	ESI TEMPORARY IDENTITY CERTIFICATE FORMAT	10 TO 10
9.0	EMPLOYMENT CARD FORMAT	11 TO 11
10.0	FITNESS CERTIFICATE FORMAT	12 TO 12
11.0	PRADHAN MANTRI SURAKSHA BIMA YOJNA DECLARATION FORMAT	13 TO 13
12.0	REQUEST LETTER FORMAT FOR ISSUANCE OF FORM-V	14 TO 14
13.0	REQUEST LETTER FORMAT FOR ISSUANCE OF FORM-VIB	15 TO 15
14.0	JOB COMPLETION CERTIFICATE FORMAT	16 TO 16
15.0	CHECK LIST FORMAT FOR RETENTION AMOUNT	17 TO 17
16.0	WELFARE CONTRIBUTION DECLARATION FORMAT	18 TO 18
17.0	INDEMNITY BOND SAMPLE	19 TO 21



HINDUSTAN PETROLEUM CORPORATION LIMITED

(A Government of India Enterprises) VISAKH REFINERY, Visakhapatnam-530 011

CONTRACTOR'S WORKMEN PHOTO PASS REQUISITION

To _____

Date: _____

HR - Department

Please arrange to provide **New/Temporary/Renewal** photo passes to the following Contractor's workmen.

From _____ to _____

(Enclosed contractor request in the PROFORMA with the list of workmen, ESI/EPF particulars ETC)

Name of the Agency _____

Name of the Contractor _____ Working Site _____

Service/Purchase/Work order details		License details	
Number :-		License No :-	No. of persons :-
Valid From _____	To _____	Valid From _____	To _____

Total contractor's workmen required _____ to carry out the job during the above period.

Signature and Name of the Engineer

Manager Concerned Dept.

Dept. Head

HR Dept. Checked (ESI/EPF check)

Security Dept.

Asst. Commandant CISF

CISF Pass section

Existing : _____

New : _____

Renewal : _____

Balance : _____

Branch Office:
GEO-CHEM LABORATORIES PVT. LTD.
 Door No.: 30-7-15, First Floor
 Sai Narayan Residency
 Opp. Income Tax Office, Dabagardens
 Visakhapatnam - 530020, India.
 Phone: +91-891- 2712872/2565862
 Fax: +91-891- 2505501
 Email: vizag@geochem.net.in



International
 Independent Inspection
 &
 Testing Company

Head Office:
GEO-CHEM LABORATORIES PVT. LTD.
 Geo-Chem House.
 294, Shahid Bhagat Singh Road,
 Fort, Mumbai 400001, India.
 Tel: +91 22 66383838
 Fax: +91 22 66383800
 Email: mumbai@geochem.net.in

Date:

Kind Attn; Mr. D. Sareswara Rao- Manager Marine
 M/s. Hindustan Petroleum Corporation Limited
 Visakh Refinery
 Visakhapatnam.

Subject: Entry Passes

Dear Sir,

We wish to inform you that we have been appointed by M/s. Hindustan Petroleum Corporation Limited for Crude Oil Survey Purchase Order No: 15000058-OP-10003/SSN.

We request you to kindly issue the entry passes into Refinery/Terminal for attending the above work at the nominated areas.

We are herewith furnishing the details of the staff who will be attending the refinery and needs the entry passes.

S. No	Employee Name	Designation	ESIC No
01	Raju Vanka	Surveyor	—NA—
02	Mohammad Habeeb	Surveyor	3105596780

Thanking you Sir,

Your's faithfully
 For Geo-Chem Laboratories Pvt. Ltd.,


 (Authorized Signatory)

D. SARVESWARA RAO
 Sr. Manager - Marine
 HPCL, Visakh Refinery
 VISAKHAPATNAM-11

(3)

UNDERTAKING

I hereby declare that the following persons engaged by me are personally known to me. To the best of my knowledge their conduct and character are good and further they are not involved in any cases with any Police Station. I hereby personally take responsibility for any act of the above persons inside the Refinery premises against the interest of the corporation and shall also ensure they abide by rules of the Corporation:

Sno	Name of Worker	ESI No	Bank A/c No. & Address

Request you to kindly arrange issue / renew the passes for the above persons so as to enable us to carry out the work.

Thanking you,

Very truly yours

Signature and Seal of Contractor



9, Abirami Apartments,
Plot No.2182, 12th Main Road
Anna Nagar,Chennai – 600 0
Land Line : +91 044 4217
Mobile : +91 91710 207
: +91 91710 7 540
E-Mail: jvengineers@jvengineers.in

Date: - 11.02.2016

DECLARATION

I Have that the Following 01 No. is not engaged in any organization working with M/s.HPCL-VR.VSP. and they do not any gate passes issued by M/s.HPCL-VR Site.

I Hereby personally take responsibility for any act of the below persons inside the refinery Premises. Against the interest of the corporation and shall also ensure they abide the rules of the corporation.

1. Praveen Kumar - N/A

Request you to kindly arrange Issue New/Renew the passes for the above Persons So As to enable us to carry out the work.

Thanking You,

Yours faithfully

For J V Engineers



CONSOLIDATED DATA SHEET OF PURCHASE ORDERS AND CONTRACT WORKMEN FOR FRESH / RENEWAL OF REFINERY ENTRY/EXIT PASSES

A PURCHASE ORDER DETAILS TO BE FURNISHED

B CONTRACT WORKMEN DETAILS TO BE FURNISHED

E-PAYMENT FOR WAGES PAID, ESI & EPF PAYMENT PARTICULARS FOR THE MONTH OF :

E-PAYMENT OF WAGES PARTICULARS :

NO. OF WORKERS WAGES PAID :	NO.	_____
TOTAL WAGES :	RS.	_____
DATE OF PAYMENT OF WAGES :	DATE	_____

ESI REMITTANCE DETAILS : _____
NO. OF WORKERS REMITTED : _____
TOTAL CHALLAN AMOUNT : _____
DATE OF REMITTANCE : _____

EPF REMITTANCE DETAILS :
NO. OF WORKERS REMITTED : _____
TOTAL CHALLAN AMOUNT : _____
DATE OF REMITTANCE : _____

SIGNATURE OF THE CONTRACTOR : _____
NAME OF THE CONTRACTOR : _____
STAMP & DATE : _____

S.No	Name	ESI No.	Job Nature	Date of joining	Date of Birth	Contractor Name	Designation	Category	Address	Contact	Email ID	Dept Code
1	Name of Worker	ESI No. of Worker	Work Order Description	Date of joining with your firm	Date of Birth of Worker	Name of Firm	Helper/Mason/ Electrician/ Technician/Welder/Mechanic etc.	HSK/SK/SSK/USK	Address of the worker with phone number	Contractor Mobile/Landline No.	Contractor email ID	Vendor Code
2	Name of Labour	ESI No. of Labour	Work Order Description	Date of joining with your firm	Date of Birth of Labour	Name of Firm	Helper/Mason/ Electrician/ Technician/Welder/Mechanic etc.	HSK/SK/SSK/USK	Address of the worker with phone number	Contractor Mobile/Landline No.	Contractor email ID	Vendor Code
3	Name of Labour	ESI No. of Labour	Work Order Description	Date of joining with your firm	Date of Birth of Labour	Name of Firm	Helper/Mason/ Electrician/ Technician/Welder/Mechanic etc.	HSK/SK/SSK/USK	Address of the worker with phone number	Contractor Mobile/Landline No.	Contractor email ID	Vendor Code
4	Name of Labour	ESI No. of Labour	Work Order Description	Date of joining with your firm	Date of Birth of Labour	Name of Firm	Helper/Mason/ Electrician/ Technician/Welder/Mechanic etc.	HSK/SK/SSK/USK	Address of the worker with phone number	Contractor Mobile/Landline No.	Contractor email ID	Vendor Code
5	Name of Labour	ESI No. of Labour	Work Order Description	Date of joining with your firm	Date of Birth of Labour	Name of Firm	Helper/Mason/ Electrician/ Technician/Welder/Mechanic etc.	HSK/SK/SSK/USK	Address of the worker with phone number	Contractor Mobile/Landline No.	Contractor email ID	Vendor Code
6	Name of Labour	ESI No. of Labour	Work Order Description	Date of joining with your firm	Date of Birth of Labour	Name of Firm	Helper/Mason/ Electrician/ Technician/Welder/Mechanic etc.	HSK/SK/SSK/USK	Address of the worker with phone number	Contractor Mobile/Landline No.	Contractor email ID	Vendor Code
7	Name of Labour	ESI No. of Labour	Work Order Description	Date of joining with your firm	Date of Birth of Labour	Name of Firm	Helper/Mason/ Electrician/ Technician/Welder/Mechanic etc.	HSK/SK/SSK/USK	Address of the worker with phone number	Contractor Mobile/Landline No.	Contractor email ID	Vendor Code
8	Name of Labour	ESI No. of Labour	Work Order Description	Date of joining with your firm	Date of Birth of Labour	Name of Firm	Helper/Mason/ Electrician/ Technician/Welder/Mechanic etc.	HSK/SK/SSK/USK	Address of the worker with phone number	Contractor Mobile/Landline No.	Contractor email ID	Vendor Code

Note:

- 1) Date format should be in Slash (/) i.e., 01/07/2016
- 2) Address of the worker should be with Mobile/Phone No.
- 3) Category should be in USK / SSK / SK / HSK.

mail to: -	johncherian@hpcl.in
	vvrmutre@hpcl.in
	dibakardash@hpcl.in
	hpclvrgodrej@contractor.hpcl.co.in





HINDUSTAN PETROLEUM CORPORATION LIMITED
A Government of India Enterprise, Visakh Refinery – Visakhapatnam

CONTRACTOR PHOTO PASS REQUISITION

Date:

To

Sr.Manager-HR
HPCL, Visakh Refinery

Please arrange to provide New / Renewal photo pass for a period of one year
from _____

Name of the Agency: _____

Name of the Contractor: _____

S/o: _____ Age: _____

Individual ESI code: _____ / EPF code: _____

Contractor's Registration Number with Materials dept.: _____

Contact nos.: Office: _____ Mobile: _____

Address: _____

I hereby declare that my Agency is registered with HPCL and it is not on
Holiday list / De-list of HPCL.

Signature of Contractor & Seal

Dy. Manager-HR

Manager-Security

Assistant Commandant-CISF

CISF Pass section

Encl:

1. Copy of online Regn. Form
2. Two Passport size colour photos

HINDUSTAN PETROLEUM CORPORATION LIMITED

VISAKHA REFINERY
VISAKHAPATNAM

APPLICATION FOR ENTRY PASS FOR CONTRACTOR EMPLOYEE

PHOTO

1. Name of the Contractor Firm _____
2. Name of applicant _____
3. Father's Name _____
4. Date of Birth / Age _____
5. Visual Identification mark _____
6. Trade or type of work _____
7. Place of Work _____
8. HPCI Dept. Authorising Employment & Work Order No. _____
9. Permanent Address _____
10. Present Address _____
11. Engaged Since _____
12. ESI No. of Contractor / Labour _____

Certified that the above particulars are correct to the best of my knowledge.

SIGNATURE OF APPLICANT

Date :

Certified that applicant Shri _____

Signed over his Photograph affixed above in my presence : _____

Certified that the applicant _____ is a person with good character and not involved in any criminal case.

Pass No. : _____

Signature of the Contractor
(AGENCY STAMP)

Date of Issue : _____

Valid upto : _____

Received the above pass : _____

Date : _____ Signature of Pass Holder

Signature of the Assistant
(Commandant CISF-HPCL (VR))



EMPLOYEES' STATE INSURANCE CORPORATION
TEMPORARY IDENTITY CERTIFICATE

Insured Person : M Suresh
 Insurance No. : 7009887881
 Date of Registration : 03/09/2015

THIS CERTIFICATE IS VALID up to 02/10/2015

YOUR REGISTRATION DETAILS

Employee Name :	M Suresh	Type of Disability :	None
Name of Father / Husband:	ADITYA	Date of Birth :	06/03/1979
Marital Status :	Married	Gender :	M
Present Address :	KUNCHAMMAB COLONY SRI HARIPURAM, MALKAPURAM, Dist:Vishakapatnam, Andhra Pradesh		
Dispensary / IMP :	None		
Current Employer Details		First Employer Details	
Employer's Code No. :	70000351710001007	Employer's Code No. :	None
Sub Unit's Code No. :	None	Sub Units Code No. :	None
Date of Appointment :	03/09/2015	First Insurance No. :	None
Name of Employer :	Lochana Engineering Services		
Address of Employer :	#47-36-12/ K L Rac Nagar, Pedagantyada, Vizianagaram, Dist:Vishakapatnam Andhra Pradesh 530044		

Family Details:

Name	Relationship with the Employer	Date of Birth	Whether Residing with Insured Person	State	District
---	---	---	---	---	---

Nominee Details:

Name of Nominee	Relationship with IP	Percentage	Address of Nominee
ADITYA	Dependent father	100	do, Andhra Pradesh Dist:Vishakapatnam

Documents Uploaded:

none

Please verify the above Particulars.

In case some error is noticed in this TIC please request your employer for correction.

To get permanent ID card, employee is requested to visit the Branch Office or any nearest ESIC Pehchan Camp Location with family, to get Biometric & Photo captured by 02/10/2015, on 31st day TIC will become invalid. To revalidate the TIC, please visit the Branch office or ESIC Pehchan camp immediately. On enrolment, the TIC will be issued with a unique number and will not be de-duplicated. In case de-duplication is detected, the new number de-activated.

Benefit beyond 90th day will be regulated as per the

Signature / LTI of Registered Employee / IP :

M. Suresh

Mobile Number : 9848759231
 NOTE:

1. Please keep this printout for future reference and bring this along with you.
2. This copy should be retained with you until the Pehchan Card is received.
3. If nominee in case affix employee and his family member name and address.



FORM XIV		KP/12/252 (12)
EMPLOYMENT CARD		
(Vide Rule 76 of Contractor Labour (R&A) Central & A.P. Rules 1971)		
Name and Address of Contractor : _____		
Name and Address of the Establishment in/under which Contract is carried on : _____		
Nature and location of work : _____		
Name and Address of principal Employer : _____		
1.	Name of the workman	_____
2.	S.No. in the register of workmen employed	_____
3.	Nature of Employment/Designation	_____
4.	Date of entry into service	_____
5.	Wages rate (with particulars of unit in case of piece-work)	_____
6.	Wage Period	_____
7.	Tenure of Employment	_____
8.	Remarks	_____
Signature of the Contractor		

SRI KALYANI PRESS, VSP-20 PHONE: 2560425

FORM - 5

Prescribed under Rule 14

CERTIFICATE OF FITNESS**PHOTO**

1. (A) Serial Number :
 (B) Date :
2. Name of person Examined : I certify that I have personality examined (name).....
3. Father's Name : Son/Daughter of.....
4. Sex :
5. Residence : Residing at
6. Date of birth, if available : who is desirous of being employed in a factory, and And/or Certified age : that his/her age, as nearly as can be ascertained from my examination, is..... Years, and
7. Physical fitness : That he/she is fit for employment in factory as an Adult.
8. Descriptive marks : His /her descriptive marks are :

9. Reason for
 (a) refusal of certificate :
 or.....
 (b) Certificate being.... : issued

 Signature or left hand
 Thumb impression of the
 Person examined

 Signature or left hand thumb
 impression of the person examined

Initials of Certifying Surgeon:

Signature of Certifying Surgeon

Note:

In case of physical disability, the exact details of the cause of the physical disability should be clearly stated.

TO WHOMSOEVER IT MAY CONCERN

This is certify that following contract workmen working with me are enrolled under Pradhan Mantri Suraksha Bima Yojana (PMSBY) and applicable yearly insurance premium for year 2016-17 has been Deducted from his individual bank account.

SL NO.	NAME OF WORKER	PMJDY ACCOUNT NO.	NAME OF THE BANK & BRANCH
1			
2			
3			

I/We, further declare that in the event it is ascertained that the above contract workmen are not enrolled under the PMSBY for the year 2016-17 I/We, undertake that we shall reimburse all applicable benefits under the scheme to the dependents of the contract worker in event of any unforeseen event to the contract workmen.

Signature of the contractor :

Name of the contractor :

Stamp/ Seal of contractor :

Place: Visakhapatnam

Date :

VISAKHA REFINERY

Internal Memo

From :

Date :

To : Sr. Manager - VR

Sub : Form V

Please arrange to issue Form V the agency for obtaining Labour Licence, as per the details given below.

(1) Name of the Agency : _____

(2) Service Order No. : _____

(3) Name of the work : _____

(4) Period of Service Order : _____

(5) Labour required : _____

DEPARTMENT HEAD

VISAKHA REFINERY

Internal Memo

From :

Date :

To : Sr. Manager - VR

Sub : Form VI B

Please arrange to issue Form VI B to the agency for Cancellation of Labour Licence, as per the details given below.

(1) Name of the Agency : _____

(2) Service Order No. : _____

(3) Period of the Service Order : _____

(4) Name of the Work : _____

DPARTMENT HEAD

JOB COMPLETION CERTIFICATE

Name & Address
Of the Contractor

Nature of the Work

Work Order No.

: _____

Contract Period : From _____

Upto _____

Date of commencement :

Date of completion :

Labour Licence No. : _____ Date _____

Licence Validity : From _____

: Upto _____

Signature/Seal
Job engineer

Signature/Seal
Dept. Head

CHECK LIST FOR RETENTION AMOUNT

1. CONTRACT PERIOD

FROM: _____ TO: _____

2. PAYMENT OF **ESI** FOR THE CONTRACT PERIOD

3. PAYMENT OF **PF** FOR THE CONTRACT PERIOD

4. PAYMENT OF **LWF** FOR THE CONTRACT PERIOD

FORM - F

(See Rule 6)

STATEMENT REGARDING CONTRIBUTION

From :

To

The Welfare Commissioner,
 Andhra Pradesh Labour Welfare Board,
Hyderabad-20.

As required under Rule 5 of Andhra Pradesh Labour Welfare Fund Rules, 1988, I am furnishing below the necessary particulars in relation to the amount of Rs.....(Rupees.....)

.....(words here) tendered herewith as the total amount payable by my establishment both as employees' as well as employer's contribution for the year ending 31st December..... (mention the year here).

A separate list containing the names of employees engaged for the period, amount of monthly wages drawn, by each of them as also designation of each of them is attached herewith.

PARTICULARS

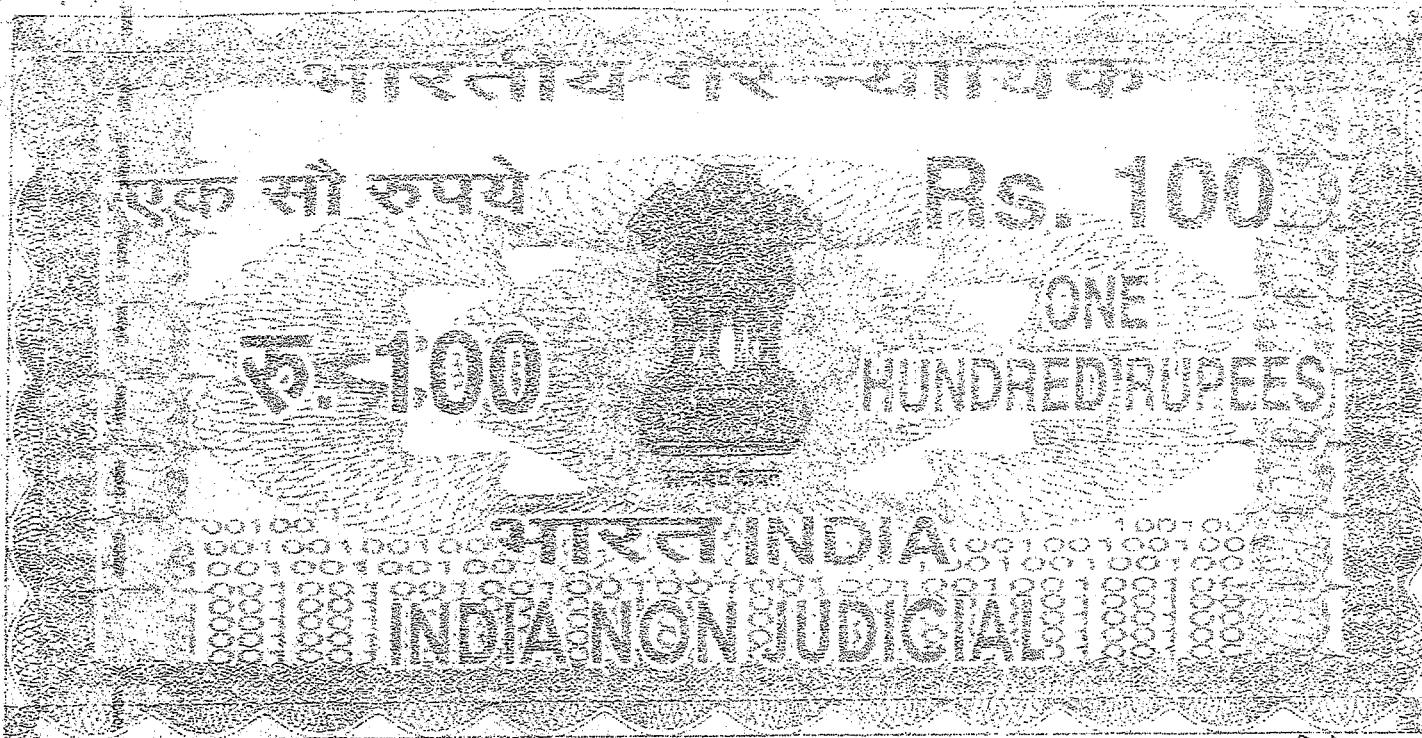
1.	Name of the establishment with full address:	
2.	Whether a factory or motor transport undertaking / commercial establishment / or any other class of establishment specified by a Government notification:	
3.	Total number of employees employed on preceding 31 st December;	
4.	Total number of employees from whom contributions have been deducted for the period:	
5.	Total amount of employees' contributions tendered for the period:	
6.	Total amount of employer's contribution tendered for the period:	
7.	Grand Total of both the employees' as well as the employer's contributions deducted and tendered respectively for the period:	
8.	Whether full payment of the amount due to the period has been tendered:	
9.	Amount of unpaid balance, if any, and the reasons there for:	
10.	Mode of payment whether in cash or by Bank Demand Draft or money order? If by money order, mention postal receipt number and date thereof. If by demand draft, mention name, branch and address of the bank on which drawn, D.D. Number and date:	
11.	Remarks, if any :	

I hereby declare that the before mentioned particulars are true and correct to the best of my knowledge and belief.

Date :

Place:

Signature and Designation or
 description of the post held
 with official seal.



ఆంధ్రప్రదేశ్ ఆధ్యాత్మిక ప్రాధికారియాలు | ANDHRA PRADESH

BY 78579

Y. KRISHNAM NAID
MANUFACTURED STAMP VENDOR
JL NO. 111-A/107/2017
#15-150
VISAKHAPATNAM, AP, 53723524

INDEMNITY BOND

THIS DEED OF INDEMNITY made this day the 06-02-2017, by **M/S. Bridge & Roof Co. (India) Ltd.** having their Registered Office at **Kankaria Centre (5th floor, 2/1, Russel Street, Kolkata - 700 071,** (hereinafter called the Contractor) represented by its **Asst. General Manager(Mech.), Sri G.V.S.Seshendra,** in favour of **M/s. Hindustan Petroleum Corporation Limited, Visakh Refinery,** having its Office at Door No.63-3-15, Plot No.50, Sriharipuram, Malkapuram, Visakhapatnam - 530011 (hereinafter referred to as he "Principal Employer").

WHEREAS the contractor was awarded the job vide P.O. NO. 16000391-OQ-46009/AK, DTD. 31.01.2017 (hereinafter called the "Contract") under which the Contractor as agreed to perform the job of: **Repair & Conv of Tank-120-T-01F at Visakh Refinery of M/s. HPCL, Vizag**, of Principal Employer.

For Bridges And Roof Co. (P) Ltd
(A Govt. of India Enterprise)
G.M.S. SESHENDRA
Asst. General Manager (Mech.)
HPCL Site, Vizag

© Pragya Praya Construction

Managing Partner

AND WHEREAS it is necessary to engage Sub/Labour Contractor by the Contractor may Engage sub/labour Contractor **M/s. Pooja Priya Construction**, D.No. 65-3-740/1, Hanuman Nagar, Ex-Serviceman Colony, Sriharipuram, Malkapuram, Visakhapatnam - 11 (hereinafter referred to as Sub/Labour Contractor") and the Contractor has entered with a Contract.

NOW THIS DEED WITNESSETH AS UNDER :

That in consideration of the Principal Employer issuing the Form- V under the Said rules to the Sub/Labour Contractor as and when a request to issue such a Certificate is made by the Contractor in relation to said works the Contractor Hereby agrees as under :

1. The Contractor undertakes and declares that he will ensure that the Sub/Labour Contractor, **M/s. Pooja Priya Construction**, will abide by all the Provisions of the Contractor Labour (R&A) Act,1970 and all rules framed Under the above Act and further guarantee for the faithful discharge of its duties and liabilities under the above said Act and Rules.
2. In case the Sub/Labour Contractor fails to provide any amenity required to be provided under the above said Act for the benefit, welfare of the Contract Labour employed within the time prescribed therefore, the Contractor undertakes to provide the same on behalf of the Sub/Labour Contractor and also will provide the amenities such as canteen, rest rooms, First aid facilities and other facilities etc. in case the Sub-Contract fails to do so. Any violation of the said facilities/amenities by the Contractor or the Sub-Contractor the same will be provided by the Principal Employer and the expenses incurred in this respect will be recovered from the running bills/final Bills/retention amount/any amount payable to contractor under any contract Or as debt payable by the Contractor to the Principal Employer in case the Contractor or the Sub-Contractor fails to do so.
3. The Contractor shall also ensure that his Sub/Labour Contractor makes payments of applicable statutory wages to the contract labour engaged by him and in case the Sub/Labour Contractor fails to do so within the cut-off date the Contractor agrees to disburse the wages payable to the contract labour of his Sub/Labour Contractor. The Contractor shall indemnify such amount and the Principal Employer further authorized to deduct the such amounts either from the running bills/final bills /retention amount/any amount payable to contractor under any contract or as debt payable by the Contractor to the Principal Employer in case the Contractor fails to do so.

For Bridge And Roof Co. (I) Ltd
(A Govt of India Enterprise)
G.V.S. SESHENDRA
Asst. General Manager (Mech.)
HCL Site, Vizag

Dr Pooja Priya Construction
Managing Partner

4. The Contractor shall ensure the payment of all statutory dues payable (viz.ESI/EPF/Labour Welfare Fund, etc.) by him or the Sub/Labour Contractor within the stipulated time and for the total number of contract labour engaged by him or the Sub/Labour Contractor. Also the contractor shall ensure submission of necessary records/return to the statutory authorities (Employees State Insurance Authorities, Employees Provident Fund Authorities, Assistant Labour Commissioner Dy. Commissioner of Labour etc.) to their, satisfaction and shall produce the Clearance Certificate and monthly payment details to the Principal Employer by the Sub/Labour Contractor failing which the Principal Employer is authorized to deduct penalties, amounts of contributions due etc., from the running bills/final bills/retention amount/any amount payable to contractor under any contract or as debt payable by the Contractor to the Principal Employer in case the Contractor or the Sub-Contractor to do so.
5. The Contractor shall obtain all necessary clearance from the concerned departments on completion/discontinuance of the work awarded to such Sub/Labour Contractor failing which the Principal Employer is authorized to deduct penalties, amount of bills/retention amount/any amount payable to contractor under any contract or as debt payable by the Contractor to the Principal Employer in case Contractor or the Sub-Contract fails to do so.

For Bridge And Roof Co. (I) Ltd
(A Govt. of India Enterprise)
G.V.S. SESHENDRA
Asst. General Manager (Mech.)
HPCL Site, Vizag

or Pooja Priya Construction
ABdoss
Managing Partner