

FORM - I [See Rule 3(1)]

GOVERNMENT OF MEGHALAYA

**Renewal Application for Registration of Migrant Workers Under the Meghalaya
Identification, Registration(Safety & Security) of Migrant Workers Rules, 2020**

Applicant's Details

Applicant's Name *:

Father's/Mother's/Spouse Name *:

Date of Birth *:

Gender *:

Applicant's Contact Number *:

Applicant's Email Id:

EPIC number of the applicant:

Photograph[min size:10kb] *:

Postal Address of the Applicant in Meghalaya(if any):

Particulars of any relative or friend of the applicant in Meghalaya:

Permanent Address of the applicant

State *:

District *:

Village/Town *:

Locality:

Pincode *:

Particulars of the next of kin of the applicant in home state:

Name of next of kin *:

Address *:

Service Specific Details

Whether the applicant was convicted of any offence under any law in force in India? *

Yes

No

Whether the applicant has any criminal case pending against him/her? *

Yes

No

Declaration that the applicant is not of unsound mind? *

Yes

Nature of Employment/Designation *:

Date of commencement of employment or expected date of commencement *:

Expected duration of stay *:

Location and Address of the work area where the migrant worker was employed as per Previous License

Details of the work [Mention specific skill only] * [Mention the skillset and the place of work]:

District of the area of work *:

Area of work [mention communication address of the work area] *:

Existing Registration Valid Up to Date *:

Location and Address of the work area where the migrant worker will be employed for the Renewal

Details of the work [Mention specific skill only] *:

District of the area of work() *:

Area of work [mention communication address of the work area] *:

Applications would be submitted to the Office of Dy. Labour Commissioner/Asst. Labour Commissioner's Office according to the District location chosen above:

Registration will be Renewed Upto Date *:

Details of the Establishment/Employer:

Name of the Establishment/Employer *:

Address of the establishment *:

Contact number of Establishment/Employer *: