
1. Factory Licence No.:

2. Name of Factory: ..................................................................................................................

3. Name of Occupier: ..................................................................................................................

4. Name of Manager: ..................................................................................................................

5. Weekly Rest Day: Sunday ......................................... (For shift works, by rotation)

6. Payment day ..........................................................................................................................

7. Name and address of Inspecting Authority:
   i) Chief Inspector of Factories & Boilers,
      Government of Tripura, Agartala,
      Suraksha Bhavan, Pandit Nehru Complex
      (Gorkhabasti), Agartala -799006, Tripura(W)
      Telephone : 0381-2323915.
   ii) Inspector of Factories & Boilers of the concerned district,
       Factories & Boilers Organisation.

8. Name & address of Certifying Surgeon:
   District Health Officer,..................................................
   or Sub Divisional Medical Officer..................................

9. Working Hours: ..................................................................................................................

10. Rest Period: .......................................................................................................................

11. Name of First Aid Trained persons.
   (i) .................................................................................................................................
   (ii) .................................................................................................................................

By order of Chief Inspector of Factories & Boilers.

Note: - Display this permanently by lettering of size 1” per letter in a board of 5’ X 3’ size and may be affixed on the wall of Factory at the entry.