FORM 'A-1'

SECURITY GUARDS BOARD FOR BRIHAN MUMBAI & THANE DISTRICT.

Central Office: D-301/E-301, Sanpada Railway Station Complex, Sanpada, Navi Mumbai - 400705.

APPLICATION FOR REGISTRATION OF EMPLOYER AGENCY OF EXEMPTED SECURITY GUARD.

[See Clause 13(2)]

(to b	pe filled in by Board Office)	
۱.	Name and address of the Agency and Tel. No.	
	Address & Tel. No. of the Head Office/	
	Reg. Office, if any	
2.	*(a) Whether the Employer Agency	
	is Private Firm/Partnership Firm/	
•	Pvt. Ltd. Co./Co-op. Society?	
	*(b) Licence No. under Contract Labour (Regulation & Abolition) Act,1970.	
	Registration under any other statute	· · · · · · · · · · · · · · · · · · ·
	Registration under any outer con-	c c
		• • • • • • • • • • • • • • • • • • •
	(c) Give the name and addresses of the	
	person in charge of Employer Agency	
	and also give the name of the	
	Proprietor/Parntners/ Directors/Chief	
	Executives/ Managers alongwith their	
	residential addresses and Phone Nos.	
	(Please attach annexture for the above	
	details, if necessary)	
3		
	the Incharge of the Employer Agency.	
	(in case of any change, please inform immediately)	

4.	whether the Police Verific		lone	***************************************	***************************************				
	in respect of Proprietor/ Pa	artners/							
	Directors of the Employer	Agency?		********	(A)				
	If yes, give details;								
5.	Are you member of any As	sociation	1?					/	
	If yes, state the name & ad Respective Association and	dress of the	the	***************************************					
	registration No.							7	
6.	Total number of Principal E taking services through the	Employer	S						
	Agency. Please attach the li	ist of the							
	said Registered Principal E (As per Exemption List) ald	employer ongwith	s heir						
	addresses								
7.	Total Number of Exempted	Private							
	Security Guards deployed b	y you.							
8.	Furnish the details of the E	xempted	Secu	rity					
	Guards provided by the Em to the respective registered	ployer A	gene	y					
	Employers.(Categorywise)	Fincipa	1						
	(Please furnish the details as	ner folk	win	a format)					
	(x reaso realism the details as	o per tone		g format)					
Sr. No.	Name of the Name of the Principal Exempted tion Employer Security Guard	gna- Da of Birt	h (N	ermanent ddress Native lace)	Postal Address	Place of work	Adquate Training given (Yes/ No)	Police Veri- fication done (Yes/No)	
(1)	(2) (3) (4) (5)	(6)	(7)	(8)	(9)	(10)	
	•								
	Whether the Employer Agency	y has den	neita	d					
	the requisite registration fee ar	nd the	OSILC	u					
	process fee as per Clause 17(2), 26(3)	of						
	the Scheme respectively?								
0.	If yes, what is the total amount Process fee?	t of the							
	Submit the xerox copies of rec	eipt show	ving						
	Payment in respect of Registra			F			*		

11.	Please furnish the details of the W Allowances and other service con of services of the Exempted Secur Guards provided to the respective Registered Principal Employers. (Exemption list)	ditions rity
	(Please attach annexture, if necess	sary)
12.	Whether, wages and allowances as service conditions of the Exempter Security Guards of the Employer A are more beneficial than the wages allowances and other service cond which are provided by Security Guards to its registered Guards? If so in what respect.	d Agency s and itions
13.	Please furnish the details of terms of Contract/ Agreement between Employer Agency and the Principa Employer.	
	DECLARATION: I/We hereby and correct to	declare that the details given above are true to the best of my/our knowledge and belief.
DATE		
PLACI	E:	
		(Signature of Proprietor/Director/Partner of Employer Agency and Rubber Stamp of the Agency)

(FOR OFFICE USE ONLY)

Certified that above information is checked and found correct/not correct and therefore the application is recommended/ not recommended for registration.

AREA INSPECTOR

REMARKS OF THE ASSISTANT SECRETARY

SECRETARY

CHAIRMAN

SECURITY GUARDS BOARD FOR
BRIHAN MUMBAI & THANE DISTRICT.