



### Annexure I

## ENDURANCE TECHNOLOGIES LTD.

### Contract Worker's Job Fitness Assessment

Sr.No.	Points	Details	Remarks
१.	व्यक्तीचे नाव	SAMIR FUMAR BISUAL	
२.	वय	37 YRS	
	जन्मतारीख	08/07/1985	
३.	शिक्षण	SSC	
४.	ट्रेड	-	
५.	रुजू होण्याची तारीख	2002	
६.	कॉन्ट्रॅक्टरचे नाव	YZ SALES SER	
७.	मागील कामांचा अनुभव	10 YRS	
८.	चालवलेल्या मशीनचे प्रकार, चालविलेली असेल तर		
९.	कामासाठी मेडिकल फिटनेस	YES	
१०.	इमर्जन्सी कॉन्टॅक्ट नंबर (घरची व्यक्ती)	9145502037	
११.	सेफ्टी ट्रेनिंग देण्यात आली आहे का ?	YES	

### FOR OFFICE USE ONLY

Comments of reviewer		
Under observation (please mention period)	Supervisor Available	
Machine training to be provided	NA	
ESI/Medical Insurance & WC Noc.	WC-	27/2/00132923
PPE's required and given	Hand gloves & safety shoes, Helmet.	

  
Supervisor Sign.

  
Sign of HSE

  
Sign of User Dept. Head

# EOHS AWARENESS

खाली दिल्या प्रमाणे नियम व अटींचे आपण पालन करणे आवश्यक आहे.

१. कामावर रुजू होतांना आपणास ठरवून दिलेला गणवेश व सुरक्षा पादत्रान (Safety Shoes) घालणे बंधनकारक आहे.
२. कंपनी आवारात धुम्रपान व तंबाखू सेवनास बंदी आहे. तसेच मादक द्रव्य प्राशन करुन येण्यास मनाई आहे.
३. जर आपणास स्वतःचे वाहन कंपनी आवारात आणावयाचे असेल तर आपल्याकडे वाहन चालविण्याचा परवाना, हेल्मेट पि.यु.सी प्रमाण पत्र आवश्यक आहे.
४. काही धोकादायक/आपत्कालीन परिस्थिती निर्माण झाल्यास सतत भोंगा (सायरन) वाजल्यास आपण त्वरित काम करीत असलेली यंत्र (मशिन) बंद करावे व असेंब्ली पॉइंटवरच जमावे. (पाळी शिफ्ट) चालू व संपल्यानंतर भोंगा (सायरन) एक वेळेस वाजतो.)
५. समजा काही धोकादायक परिस्थिती किंवा आग लागल्यास आपल्या वरिष्ठांना झालेली घटना व घटनेचे ठिकाण याची माहिती त्वरित देणे, गरज वाटल्यास असेंब्ली पॉइंटवर जमावे.
६. जर स्वतः किंवा दुसरे कोणीही अडचणीत असेल तर त्वरित मदत करणे किंवा मदत बोलावणे.
७. आपत्कालीन मार्ग (Emergency Exit) व आपत्कालीन फोन नंबर (Emergency Phone No.) ची व्यवस्थित माहिती करुन घेणे.
८. आपणास माहित नसलेले यंत्र किंवा इतर ठेवलेल्या वस्तूंना हात लावू नये. (उदा. केमीकल, मशिनचे स्विच)
९. आपण काम करीत असलेल्या ठिकाणावर वरिष्ठांनी ठरवून दिलेल्या वैयक्तिक सुरक्षा साधन (PPE) चा वापर करणे आवश्यक आहे.
१०. ऑईलने खराब झालेले कॉटन, कचरा, बर, स्क्रेप ठरवून दिलेल्या बिन किंवा ठरवून दिलेल्या ठिकाणीच टाकावे. इतरत्र टाकु नये.
११. सुरक्षित काम करण्यासंबंधी वरिष्ठांनी दिलेल्या सूचनांचे पालन करावे.
१२. कंपनीच्या आवारामध्ये काहीही काम करावयाचे असल्यास (बाहेरच्या कॉन्ट्रॉक्टरसाठी) काम करण्याची परवानगी (वर्क परमीट) संबंधीत विभागाकडून घेतल्याशिवाय काम चालू करू नये.
१३. मशीन चालवण्यासाठी (BOTH HAND SWITCH)/बटणचा वापर करावा.
१४. काम करतानी सुरक्षा विषयक नियमांचे तंतोतंत पालन करावे, बायपास करून नये. वरील दिलेली माहिती व सूचना आपल्या सुरक्षेसाठी आहेत. त्याचे पालन करून सहकार्य करावे. धन्यवाद

(Assembly Point- असेंब्ली पॉइंट)



१) मेन गेट जवळ

for  
training  
gym  
Subal

प्रशिक्षण घेणाऱ्याचे नाव व सही

दिनांक : ०५/०८/२२

वेळ :

प्रशिक्षण देणाऱ्याचे नांव व सही



## Annexure I

## ENDURANCE TECHNOLOGIES LTD.

## Contract Worker's Job Fitness Assessment

Sr.No.	Points	Details	Remarks
१.	व्यक्तीचे नाव	BABURAM SWAIN	
२.	वय	47 YRS	
	जन्मतारीख	05/07/1975	
३.	शिक्षण	<del>XXXX</del> SSC	
४.	ट्रेड	—	
५.	रुजू होण्याची तारीख	1993	
६.	कॉन्ट्रॅक्टरचे नाव	YZ SALES & SER	
७.	मागील कामाचा अनुभव	18 YRS	
८.	चालवलेल्या मशीनचे प्रकार, चालविलेली असेल तर		
९.	कामासाठी मेडिकल फिटनेस	YES	
१०.	इमर्जन्सी कॉटॅक्ट नंबर (घरची व्यक्ती)	9145502037	
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Machine training to be provided	NA	
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Supervisor Sign.

Sign of HSE

Sign of User Dept. Head

# EOHS AWARENESS

खाली दिल्या प्रमाणे नियम व अटींचे आपण पालन करणे आवश्यक आहे.

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(Assembly Point- असेंब्ली पॉइंट)



१) मेन गेट जवळ

BABURAM Saw!

प्रशिक्षण देणाऱ्याचे नाव व सही

दिनांक : 04/08/22

वेळ :

प्रशिक्षण देणाऱ्याचे नाव व सही

for  
training  
given  
Shahid P

ଭାରତ ସରକାର  
Government of India






ସମିର କୁମାର ବିଶ୍ୱାଳ  
 SAMIR KUMAR BISWAL  
 ପିତା : ରତ୍ନାକର ବିଶ୍ୱାଳ  
 Father : RATNAKAR BISWAL  
 ଜନ୍ମ ତାରିଖ / DOB : 08/07/1985  
 ପୁରୁଷ / Male



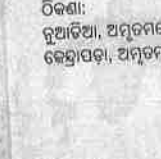
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ମୋ ଆଧାର, ମୋ ପରିଚୟ

ଭାରତ ସରକାର  
Unique Identification Authority of India




ଆଧାର





ଠିକଣା:  
 ନୁଆଡିଆ, ଅମ୍ବୁତମନୋହି, ଅମ୍ବୁତମନୋହି,  
 କେନ୍ଦ୍ରାପଡ଼ା, ଅମ୍ବୁତମନୋହି, ଓଡ଼ିଶା, 754218

Address:  
 NUADIA, AMRUTAMANOHI,  
 Amrutamanohi, Kendrapara,  
 Amrutamanohi, Odisha, 754218

7963 3783 3881


  
 1947

  
 help@uidai.gov.in

  
 www.uidai.gov.in



**IDENTITY CARD**

	Name of Contractor	YZ SALES & SER
	Name of Employee	SAMIR KUMAR BISKAL
	Date of Birth	08/07/1985
	Gender	MALE
	Valid from	26/07/2022
	Valid up to	24/07/2023
	Nature of Work	PLUMBING
	Department	CIVIL

  
4/8/22

**SEAL & SIGNATURE OF THE CONTRACTOR**

**TERMS & CONDITIONS**

1. This ID card is not transferable.
2. This ID card must be carried by the holder while inside the plant and has to be produced on demand to the security personnel Authorized person.ssss
3. This is valid only for the work awarded to the contractor against a particular work order.
4. The contractor shall surrender the ID card to the issuing authority on cessation of Employment / Contract.
5. Every ID card holder must abide by safety norms and use appropriate PPE's while in Plant.
6. The ID card is valid subject to condition that the holder satisfies all the rule & regulations of the company.
7. Issues of duplicate ID card is chargeable.

SIT done on 25/7/22  
- 04/08/22

**IDENTITY CARD**



Name of Contractor	YZ SALES & SER
Name of Employee	BABURAM SWAIN
Date of Birth	05/07/1975
Gender	MALE
Valid from	25/07/2022
Valid up to	24/07/2023
Nature of Work	PLUMBING
Department	CIVIL

*[Handwritten signature and stamp of the contractor]*

**SEAL & SIGNATURE OF THE CONTRACTOR**

**TERMS & CONDITIONS**

1. This ID card is not transferable.
2. This ID card must be carried by the holder while inside the plant and has to be produced on demand to the security personnel Authorized person.ssss
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5. Every ID card holder must abide by safety norms and use appropriate PPE's while in Plant.
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7. Issues of duplicate ID card is chargeable.

*[Handwritten notes and date]*  
SIT done on 25/7/22  
- 04/08/22  
✓



**ANNEXURE A**  
**CONTRACTOR EVALUATION**

**PRELIMINARY DETAILS FOR EVALUATION**

Contractor Type: (Please select)

Labour contractor / Job Contractor /  Need based Contractor / Civil Fabrication / Product supplier

CONTRACTOR DETAILS	
Name of Company / Contractor	YZ Sales & Services
Contact person Name	Naveenkumar Ragnada
Contact Details	Plot. NO. 92, New shankar colony, Timok Chowk A/land 43100
Project or type of work (Description of services)	plumbing work
Previous ETL Contracts	
Existing clientele/ Ref	Hotel Grand Kailash
ORGANIZATION DETAILS (Please Provide Copy of the Organizational Chart if Available):	
<b>Key Role:</b>	<b>HC:</b>
Employees ( Office Staff + Driver + Helpers + Others)	4
Supervisors	1
Sub-Contractors	nil.
<b>Key Points</b>	<b>Yes / No / Details</b>
Contractors Financial Health & Capability (Turnover in INR)	5 lac
Does your last two years balance sheet shows profit?	1 lac
Do you have at least 3 years of experience for carrying out similar activity	Yes.

**CONTRACTOR EVALUATION**

<b>SECTION 1 : MANDATORY REQUIREMENT (50 Marks)</b>					
Not complied (NC) : 00 Marks					
Complied (C) : 05 Marks					
Not applicable (NA) : 05 Marks (With justification why it is not applicable)					
#	Mandatory Requirement	License / Registration No. / Policy No.	Valid Till	C/ NC / NA	Score
1	License under the Factory Act.1948 / Contract Labor Act / Shop Act	2041500314395234	19/23	C	5
2	Number of employees authorized to deploy as per license	4		4	5
3	Is the organization registered for EPF			NA	5
4	Is the organization registered for ESIC			NA.	5
5	Is the organization registered for GSTN	Declaration is given on letter NO GST		NA	5
6	Workmen compensation Policy / Group Insurance	2712/00192923/000/00 Valid upto 14/2/23		C	5
7	Are workers working hours complied with the current applicable law in the country?	Declaration given.		C	5
8	Are wages paid on the basis of Minimum Wages Act?	Declaration given		C	5
9	Licensed Electrical Supervisor / Electrician If Applicable (For Electrical Work)	NA.		NA	5
10	Any complaint registered against the contractor in past under Labour laws	Declaration given.		C	5
					Total Score
<b>In Section 1: Unless a score of 50 is obtained contractor cannot be appointed</b>					

50  
50

**Section 2 : Safety Performance & System Awareness (25 Marks)**

**0 incidents/accidents : 5 Marks**

**1 or more than 1 incident/accident : 0 Marks**

#	Safety Performance	Number	Score	Remarks / Record If Any
1	No. of Accidents (Medical Treatment) in last 2 years	0	5	
2	No. of Fatalities (Verify from Govt. data / reference check)	0	5	
3	No. of Lost time injuries as per Factories Act 1948 (Injured person not able to work more than 48 hours from time of accident)	0	5	
4	No. of Fire Incident in last 2 years	0	5	
5	Has the organisation been prosecuted for an HSE breach or injury to an employee? Specify nos.	NO	5	
<i>Total</i>			25	

**Section 3 : General EHS Systems (25 Marks)**

**No : 00 Marks**

**Yes : 05 Marks**

**NA : 05 Marks**

#	EHS Practices	YES / NO / NA	Score	Remarks / document Réf.
1	HSE Policy (Provide evidence by supplying copies of relevant documents)	NA	5	
2	Induction and Training (provide relevant documents)	NA	5	EHS Training given At endurance
3	PPE's maintained in Good Condition	YES	5	Verified
4	Health monitoring of Employees - Medical Check Up Done for employee's as per Form 7 (date / Fitness Certificate from AFIH doctor) ✓	YES	5	Fitness report Attached.
5	Does the organization regularly inspect and maintain hand tools, machinery (cranes, vehicles, hoists/ lifting tools, etc.)	NO	0	
<i>Total</i>			20	

**Section 4 : EHS Practices (25 Marks)**

**No : 00 Marks**

**Yes : 05 Marks**

**NA : 05 Marks**

#	EHS Practices	YES / NO / NA	Score	Remarks / document Réf.
1	Is the contract employee aware of Work Permit System / Work Permit Adherence?	YES	5	
2	Is the organization aware of Method Statement/ Method Statement Adherence?	<del>NO</del>	<del>0</del>	
3	Are the contract employees aware of Emergency Response Procedure?	YES	5	
4	Has the organization conducted a HIRA study in past / or as a part of current practice?	NO	0	
5	Does the organization have and follow safe work procedures, documents which define how risks relevant to the contracted activities are managed?	YES	5	
<i>Total</i>			<b>15</b>	

**Section 5 : Plant and Equipment (provide relevant documents) (25 Marks)**
**No : 00 Marks**
**Yes : 05 Marks**
**NA : 05 Marks**

#	When using plants and equipment either owned by you, provided to you by ETL or from any other party (leased, hired, borrowed etc.) do you have systems in place to ensure that:	YES / NO / NA	Score	Remarks / document Réf.
1	Are the tools and equipment used in good working condition?	YES	5	
2	Do the tools and equipment comply with standards such as ISI Mark / Energy Efficient 5 star rating guidelines?	YES	5	
3	Is the holding handle of equipment in good condition?	YES	5	
4	Are all plants and equipment compliant with the safety requirements? (including not damaged cables, no loose connections, equipped with 3 pin top)	YES	5	
5	Do contract employees have correct licenses / certificates to operate the plants and equipment?	NA	5	
<i>Total</i>			<b>25</b>	

Total Score: 145

Section	Score	Total	Conclusion / Remarks
<i>Mandatory Requirement</i>			
<i>Section 1 must qualify to 50 Marks to continue further evaluation (Below 50 contractor Rejected)</i>			
<b>Section 1</b> MANDATORY REQUIREMENT	50	50	
<i>Evaluation based of Rating</i>			
<i>Contractor passed section 1 then evaluation will be continue based on rating criteria details as follows</i>			
<b>Section 2</b> Safety Performance & System Awareness	25	25	
<b>Section 3</b> General EHS Systems	20	20	
<b>Section 4</b> EHS Practices	15	20	
<b>Section 5</b> Plant and Equipment	25	25	

$$= \frac{135}{150} \times 100 = 90.0\%$$

**Criteria:**

The overall ranking of pre-qualification is as:

Performance Level	Overall Weightage
Professional	✓ % 90 and above
Semi Professional	% 80 to 89
Developing	% 65 to 79
Unacceptable	% Less than 60

**CFT Recommendation:**

*Chil*  
*M. S. Jadhav*  
*01/08/22*

**Plant HR**

Name:

Signature:

*M. S. Jadhav*  
*M. S. Jadhav*

**Plant/ Function EHS**

Name:

Signature:

*K.A. Bhargale*  
*K.A. Bhargale*

**Plant / Function Head**

Name:

Signature:

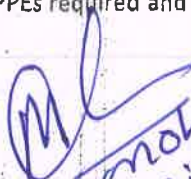
*R. S. Jadhav*  
*R. S. Jadhav*


**Annexure - I**  
**Endurance Technologies Ltd.**  
**Contractor Worker Job Fitness Assessment**

Sr. No.	Points	Details	Remarks
1	Name of the person	BABURAM SUWAN	
2	Age & Date of Birth	05/07/1975	
3	Education/Qualification	SSC	
4	Trade	PLUMBER	
5	Date of Engagement	25/07/2022	
6	Name of contractor	YK SALESER	
7	Previous work experience	18 YRS	
8	Type of machines Operated, if any	—	
9	Medical fitness for the job	YES	
10	Name & mobile number of contact person to be contacted in case of emergency	NAVIN KUMAR 9145502037	
11	Safety Induction provided	YES	

**For Official Use Only**

1	Comments of Reviewer		
2	Under observation (please mention period)	1 day	
3	Machine training to be provided	operator	
4	ESIC/ Medical Insurance & WC Nos.	27/2/00132923/001 000	Valid upto 14/02/2023
5	PPEs required and given	Yes	

  
 Sign of HR

  
 Sign of HSE

  
 Sign of User Dept. Head



## EOHS AWARENESS

खाली दिल्या प्रमाणे नियम व अटींचे आपण पालन करणे आवश्यक आहे.

१. कामावर रुजू होतांना आपणास ठरवून दिलेला गणवेश व सुरक्षा पादत्रान (Safety Shoes) घालणे बंधनकारक आहे.
  २. कंपनी आवारात धुम्रपान व तंबाखू सेवनास बंदी आहे. तसेच मादक द्रव्ये प्राशन करून घेण्यास मनाई आहे.
  ३. जर आपणास स्वतःचे वाहन कंपनी आवारात आणावयाचे असेल तर आपल्याकडे वाहन चालविण्याचा परवाना, हेल्मेट, पि.बु.सी. प्रमाणपत्र आवश्यक आहे.
  ४. काही धोकादायक/आपत/कालीन परिस्थिती निर्माण झाल्यास सतत भोंगा (सायरन) वाजल्यास आपण त्वरीत काम करीत असलेली यंत्र (मशिन) बंद करावे व असेंब्ली पॉईंटवर जमावे. (पाळी (शिफ्ट) चालू व संपल्यानंतर भोंगा (सायरन) एक वेळेस वाजतो.)
  ५. समजा काही धोकादायक परिस्थिती किंवा आग लागल्यास आपल्या वरिष्ठांना झालेली घटना व घटनेचे ठिकाण यांची माहिती त्वरित देणे. गरज वाटल्यास असेंब्ली पॉईंटवर जमावे.
  ६. जर स्वतः किंवा दुसरे कोणीही अडचणीत असेल तर त्वरीत मदत करणे किंवा मदत बोलावणे.
  ७. आपत/कालीन मार्ग (Emergency Exit) व आपत/कालीन फोन नंबर (Emergency Phone No.) वी व्यवस्थित माहिती करून घेणे.
  ८. आपणास माहित नसलेले यंत्र किंवा इतर ठेवलेल्या वस्तूंना हात लावू नये. (उदा. केमीकल, मशिनचे स्विच)
  ९. आपण काम करीत असलेल्या ठिकाणावर वरिष्ठांनी ठरवून दिलेल्या वैयक्तिक सुरक्षा साधन (PPE) घा घापर करणे आवश्यक आहे.
  १०. ऑईलने खराब झालेले कॉटन, कचरा, बर, स्कॅप ठरवून दिलेल्या बिन किंवा ठिकाणीच टाकावे. इतरत्र टाकू नये.
  ११. सुरक्षित काम करण्या संबंधी वरिष्ठांनी दिलेल्या सूचनांचे पालन करावे.
  १२. कंपनीच्या आवारामध्ये काहीही काम करावयाचे असल्यास (बाहेरच्या कॉन्ट्रॅक्टरसाठी) काम करण्याची परवानगी (वर्क परमीट) संबंधीत विभागाकडून घेतल्याशिवाय काम चालू करू नये.
- वरील दिलेली माहिती व सूचना आपल्या सुरक्षेसाठी आहेत. त्यांचे पालन करून सहकार्य करावे.
- धन्यवाद !

(Assembly Point - असेंब्ली पॉईंट)



१) मेन गेट जवळ

**BABURAM**

प्रशिक्षण देणाऱ्याचे नांव व सही : **BABURAM SWAIN**

प्रशिक्षण देणाऱ्याचे नांव व सही

**25/07/2022**  
**UPVARK**

दिनांक

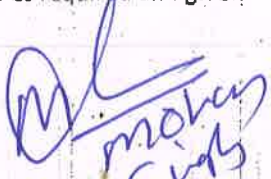
वेळ

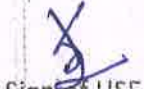
Annexure - I  
Endurance Technologies Ltd.  
Contractor Worker Job Fitness Assessment

Sr. No.	Points	Details	Remarks
1	Name of the person	SAMIR KUMAR BISOIA	
2	Age & Date of Birth	08/07/1985	
3	Education/Qualification	SSC	
4	Trade	PLUMBER	
5	Date of Engagement	25/07/2022	
6	Name of contractor	YZ SALES SUP	
7	Previous work experience	15 YRS	
8	Type of machines Operated, if any	15 YRS	
9	Medical fitness for the job	YES	
10	Name & mobile number of contact person to be contacted in case of emergency	NAVINKUMAR 9145502037	
11	Safety Induction provided	YES	

For Official Use Only

1	Comments of Reviewer		
2	Under observation (please mention period)	1 Yr.	
3	Machine training to be provided	operator	
4	ESIC/ Medical Insurance & WC Nos.	272/00132923/001 WD	valid up to 14/02/2023
5	PPEs required and given	Yes.	

  
Sign of HR

  
Sign of HSE

  
Sign of User Dept. Head



ENDURANCE  
E 92/93/94, M.I.D.C. WALUJ

## EOHS AWARENESS

खाली दिल्या प्रमाणे नियम व अटींचे आपण पालन करणे आवश्यक आहे.

१. कामावर रुजू होतांना आपणास ठरवून दिलेला गणवेश व सुरक्षा पादत्रान (Safety Shoes) घालणे बंधनकारक आहे.
  २. कंपनी आवारात घुमपान व तंबाखू सेवनास बंदी आहे. तसेच मादक द्रव्य प्राशन करून येण्यास मनाई आहे.
  ३. जर आपणास स्वतःचे वाहन कंपनी आवारात आणावयाचे असेल तर आपल्याकडे वाहन घालविण्याचा परवाना, हेल्मेट, पि.बु.सी. प्रमाणपत्र आवश्यक आहे.
  ४. काही धोकादायक/आपत;कालीन परिस्थिती निर्माण झाल्यास सतत भोंगा (सायरन) वाजल्यास आपण त्वरीत काम करीत असलेली यंत्र (मशिन) बंद करावे व असेंब्ली पॉईंटवर जमावे. (पाळी (शिफ्ट) चालू व संपल्यानंतर भोंगा (सायरन) एक वेळेस वाजतो.)
  ५. समजा काही धोकादायक परिस्थिती किंवा आग लागल्यास आपल्या वरिष्ठांना झालेली घटना व घटनेचे ठिकाण यांची माहिती त्वरित देणे. गरज वाटल्यास असेंब्ली पॉईंटवर जमावे.
  ६. जर स्वतः किंवा दुसरे कोणीही अडचणीत असेल तर त्वरीत मदत करणे किंवा मदत बोलावणे.
  ७. आपत;कालीन मार्ग (Emergency Exit) व आपत;कालीन फोन नंबर (Emergency Phone No.) वी व्यवस्थित माहिती करून घेणे.
  ८. आपणास माहित नसलेले यंत्र किंवा इतर ठेवलेल्या वस्तूंना हात लावू नये. (उदा. केमीकल, मशिनचे स्विच)
  ९. आपण काम करीत असलेल्या ठिकाणावर वरिष्ठांनी ठरवून दिलेल्या वैयक्तिक सुरक्षा साधन (PPE) घ्या घापर करणे आवश्यक आहे.
  १०. ऑईलने खराब झालेले कॉटन, फवरा, बर, स्कॅप ठरवून दिलेल्या बिन किंवा ठिकाणीच टाकावे. इतरत्र टाकू नये.
  ११. सुरक्षित काम करण्या संबंधी वरिष्ठांनी दिलेल्या सूचनांचे पालन करावे.
  १२. कंपनीच्या आवारामध्ये काहीही काम करावयाचे असल्यास (बाहेरच्या कॉन्ट्रॅक्टरसाठी) काम करण्याची परवानगी (वर्क परमीट) संबंधीत विभागाकडून घेतल्याशिवाय काम चालू करू नये.
- वरील दिलेली माहिती व सूचना आपल्या सुरक्षेसाठी आहेत. त्यांचे पालन करून सहकार्य करावे.  
धन्यवाद !

(Assembly Point - असेंब्ली पॉईंट)



१) मेन गेट जवळ

प्रशिक्षण देणाऱ्याचे नांव व सही

*Samir Kumar Biswal*

प्रशिक्षण देणाऱ्याचे नांव व सही

*LAVALLE*  
25/09/2022

दिनांक

वेळ

**Annexure - I**  
**Endurance Technologies Ltd.**  
**Contractor Worker Job Fitness Assessment**

Sr. No.	Points	Details	Remarks
1	Name of the person	NAVINKUMAR	
2	Age & Date of Birth	26/03/1978	
3	Education/Qualification	Graduate	
4	Trade	OWNER / SUP	
5	Date of Engagement	25/07/2022	
6	Name of contractor	Y Z SALES & SER	
7	Previous work experience	13 YRS	
8	Type of machines Operated, if any	—	
9	Medical fitness for the job	—	
10	Name & mobile number of contact person to be contacted in case of emergency	NAVINKUMAR PAGADALA 9145502037	
11	Safety Induction provided	YES	

**For Official Use Only**

1	Comments of Reviewer		
2	Under observation (please mention period)	1 day	
3	Machine training to be provided	—	
4	ESIC/ Medical Insurance & WC Nos.	27/2/00132423/06 1000	Valid up to 14/02/2023
5	PPEs required and given		

*(Signature)*  
 Sign of HR

Sign of HSE

*(Signature)*  
 Sign of User Dept. Head



## EOHS AWARENESS

खाली दिल्या प्रमाणे नियम व अटींचे आपण पालन करणे आवश्यक आहे.

१. कामावर रुजू होतांना आपणास ठरवून दिलेला गणवेश व सुरक्षा पादब्रान (Safety Shoes) घालणे बंधनकारक आहे.
  २. कंपनी आवारात घुमपान व तंबाखू सेवनास बंदी आहे. तसेच मादक द्रव्य प्राशन करून घेण्यास मनाई आहे.
  ३. जर आपणास स्वतःचे वाहन कंपनी आवारात आणावयाचे असेल तर आपल्याकडे वाहन चालविण्याचा परवाना, हेल्मेट, पि.बु.सी. प्रमाणपत्र आवश्यक आहे.
  ४. काही धोकादायक/आपत/कालीन परिस्थिती निर्माण झाल्यास सतत भोंगा (सायरन) वाजल्यास आपण त्वरीत काम करीत असलेली यंत्र (मशिन) बंद करावे व असेंब्ली पॉईंटवर जमावे. (पाळी (शिफ्ट) चालू व संपल्यानंतर भोंगा (सायरन) एक वेळेस वाजतो.)
  ५. समजा काही धोकादायक परिस्थिती किंवा आग लागल्यास आपल्या वरिष्ठांना झालेली घटना व घटनेचे ठिकाण यांची माहिती त्वरीत देणे. गरज वाटल्यास असेंब्ली पॉईंटवर जमावे.
  ६. जर स्वतः किंवा दुसरे कोणीही अडचणीत असेल तर त्वरीत मदत करणे किंवा मदत बोलावणे.
  ७. आपत/कालीन मार्ग (Emergency Exit) व आपत/कालीन फोन नंबर (Emergency Phone No.) वी व्यवस्थित माहिती करून घेणे.
  ८. आपणास माहित नसलेले यंत्र किंवा इतर ठेवलेल्या वस्तूंना हात लावू नये. (उदा. केमिकल, मशिनचे स्विच)
  ९. आपण काम करीत असलेल्या ठिकाणावर वरिष्ठांनी ठरवून दिलेल्या वैयक्तिक सुरक्षा साधन (PPE) घ्या दापर करणे आवश्यक आहे.
  १०. ऑईलने खराब झालेले कॉटन, कचरा, बर, स्कॅप ठरवून दिलेल्या बिन किंवा ठिकाणीच टाकावे. इतरत्र टाकू नये.
  ११. सुरक्षित काम करण्या संबंधी वरिष्ठांनी दिलेल्या सूचनांचे पालन करावे.
  १२. कंपनीच्या आवारामध्ये काहीही काम करावयाचे असल्यास (बाहेरच्या कॉन्ट्रॅक्टरसाठी) काम करण्याची परवानगी (वर्क परमीट) संबंधीत विभागाकडून घेतल्याशिवाय काम चालू करू नये.
- वरील दिलेली माहिती व सूचना आपल्या सुरक्षेसाठी आहेत. त्यांचे पालन करून सहकार्य करावे.
- धन्यवाद !

(Assembly Point - असेंब्ली पॉईंट)



१) मेन गेट जवळ

प्रशिक्षण देणाऱ्याचे नांव व सही :

*Navin Kumar Pagadala*

प्रशिक्षण देणाऱ्याचे नांव व सही

*Navin Kumar Pagadala*  
25/02/2022

दिनांक

वेळ



सत्यमेव जयते

महाराष्ट्र दुकाने व आस्थापना (नोकरीचे व सेवाशर्तीचे विनियमन) अधिनियम, २०१७

नमुना "ब"  
(नियम ५ पड)



नोंदणी प्रमाणपत्र

२०४१५००३१४३९५२३४

१. नोंदणी क्रमांक	: २०४१५००३१४३९५२३४
२. आस्थापनेचे नाव	: YZ SALES AND SERVICES
३. सदरचे नोंदणी प्रमाणपत्र अर्जदाराने ऑनलाईनद्वारे अर्जासोबत सादर केलेल्या (अपलोड) स्वयं-प्रमाणित दस्तऐवजाच्या प्रती व स्वयं-घोषणापत्राच्या आधारे आणि अर्जामध्ये सविस्तर नमूद केलेल्या माहितीची आणि आस्थापनेच्या व्यवसायाची व आस्थापनेच्या जागेची प्रत्यक्ष पडताळणी न करता देण्यात आले आहे. सदरचे प्रमाणपत्र हे केवळ नोंदणी प्रमाणपत्र आहे व सदर नोंदणी प्रमाणपत्र कोणत्याही प्रकारे मालमत्ता हक्क किंवा मालमत्तेचा मालकी हक्क धारण करण्याचा अधिकार देत नाही. सदर नोंदणी प्रमाणपत्र नोंदणीचा कालावधी समाप्तीच्या तीस दिवस अगोदर नूतनीकरण करणे आवश्यक राहिल.	
४. व्यवसाय सुरु करण्यात आल्याचा दिनांक	: ०१-०९-२०२०
५. नोंदणी प्रमाणपत्राचा कालावधी	: ३
६. मालकाचे नाव	: वीना नविन कुमार पगडला
७. व्यवसायाचे स्वरूप	: फ्लॉरिंग वर्क्स, सेल्स अॅण्ड सर्व्हिसेस
८. आस्थापनेचा पत्ता	: फ्लॉट नं.१२ न्यू शांतिनिकेतन कॉलनी, - , औरंगाबाद, औरंगाबाद, औरंगाबाद, ४३१००१

९. मनुष्यबळ / कामगारांचा तपशील

	पुरुष	स्त्री	इतर	एकूण
कामगारांची संख्या	१०	०	०	१०
शिकारू उमेदवार अधिनियम, १९६१ (१९६१ चा ५२) अन्वये शिकारू उमेदवारांची संख्या	०	०	०	०
कंत्राटी कामगारांची संख्या	०	०	०	०
अंशकालिक कामगारांची संख्या	०	०	०	०
एकूण	१०	०	०	१०

याद्वारे प्रमाणित करण्यात येते की, उक्त आस्थापना महाराष्ट्र दुकाने व आस्थापना (नोकरीचे व सेवाशर्तीचे विनियमन) अधिनियम, २०१७ (महाराष्ट्र २०१७ चा ६१) अन्वये आज दिनांक १४/०९/२०२० रोजी आस्थापना म्हणून नोंदविण्यात आलेली आहे.

दिनांक : १४/०९/२०२०

ठिकाण : Aurangabad

Signature valid

Digitally Signed by

Mahendra Dinkarrao Ankush

Date: 14/09/2020 14:53:58

कार्यालयाचा पत्ता : Office of the Deputy Commissioner of Labour, Aurangabad, Address- Malajipura, Station Road, Aurangabad.

वैधता संपण्याचा दिनांक	अर्जाचा आय.डी. क्रमांक	प्रदान केलेले सेवा मुल्य (रुपये)
१४/०९/२०२३	१०७४६६८१२००३	२३.६०

For Verification or to check the authenticity of the Certificate/Receipt visit to <https://aaplesarkar.mahaonline.gov.in>  
प्रमाणपत्र किंवा पावतीची सत्यतेची/ पडताळणी करण्यासाठी <https://aaplesarkar.mahaonline.gov.in> येथे भेट द्या.

"बालकामगार कामावर ठेवणे गुन्हा आहे"



## YZ Sales & Services

Plot 92 New Shantiniketan Colony Trimurti Chowk Aurangabad. 431005  
PH: +91 9145502037

Email id: [yzsalesservices@gmail.com](mailto:yzsalesservices@gmail.com)

We Declare that Employee Provident Fund & Employee State insurance Company compliance is not applicable to us as we are having only 4 Employees in our organization.

We paid the wages on the Basis of Minimum wages act as per labour law.

Working hours compliance as per labour law.

No Complaint is registered against our organization in past under Labour Laws.

YZ Sales & Services

  
Proprietor



## YZ Sales & Services

Plot 92 New Shantiniketan Colony Trimurti Chowk Aurangabad. 431005  
PH: +91 9145502037

Email id: [yzsalesservices@gmail.com](mailto:yzsalesservices@gmail.com)

### Declaration of GST Non Enrollment

To,

The Account Department  
Endurance Pvt Ltd  
L-6 MIDC,  
AURANGABAD

Sub: Declaration regarding non requirement to be registered under the Central / State /UT Integrated goods & Service tax 2017.

Dear Sir/Madam,

We M/S YZ Sales & Services do hereby state that we are not require to get ourselves under goods & service Tax Act 2017.

We have turnover below the taxable limit as specified under the goods and service tax Act 2017. Our present turnover is Rs. 3 lac.

We hereby also confirm that during any financial year we decide to require to register under GST in that case we undertake to provide all the requisite information and documents.

We request to treat this communication as a decleration regarding non requirement to be registered under the Goods & Service Tax Act 2017.

For

Y Z Sales & Services

**YZ Sales & Services**

Authorised Signatory

**Proprietor**

**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**

Registered Office: 2nd Floor "DARE House", 2, N.S.C. Bose Road, Chennai - 600 001

T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

IRDA Regn. No.123 | PAN AABCC6633K | CIN: U66030TN2001PLC047977

**POLICY SCHEDULE CUM TAX INVOICE**

ITEM NO.	WORKMEN'S COMPENSATION UIN: IRDAN123CP0083V01201819		
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1	<b>INSURED DETAILS</b>		
	Name	YZ SALES AND SERVICES	
	Additional Insured Name	NA	
	Mobile Number	9158730485	
	Email ID	pravinfakirarao@cholamsispl.com	
	Industry	NA	
	Business/Profession	CONTRACTOR	
	Registered Address	PLOT 92 NEW SHANTINIKETAN COLONY NR TRIMURTI CHOWK AURANGABAD , KRANTI CHOWK S.O , AURANGABAD , MAHARASHTRA , 431005	
	Communication Address	PLOT 92 NEW SHANTINIKETAN COLONY NR TRIMURTI CHOWK AURANGABAD , KRANTI CHOWK S.O , AURANGABAD , MAHARASHTRA , 431005	
	PAN	NA	GST NA


2	<b>INSURANCE DETAILS</b>		
2.1	Policy Number	2712/00132923/000/00	<b>Policy Period</b>
			From 16:40 15/02/2022 To 23:59 14/02/2023
	Previous Policy Number	NA	
2.2	Estimated Total Salaries,Wages and Other Money Earnings (INR)	7,20,000	
2.3	Scope of Cover	Table A	
2.4.1	Coverage Details/Law Applicable	Employee compensation Act 2010 (as amended from workmen's compensation Act 1923), Fatal Accidents Act, 1855 and Common Law	
2.4.2	Principal for the project	NA	
2.5	Classification Codes	157.1	
2.6	Endorsement Numbers	NA	
2.7	Extensions	Medical Expense Limit Opted : Not Selected Medex Aggregate Limit : Not Selected Medex Aggregate Limit Per Person : Not Selected	
2.8	Specific Exclusions	<p>((Notwithstanding any provision to the contrary, this policy/insurance excludes any loss, damage, liability, expense, fines, penalties or any other amount directly or indirectly caused by, in connection with, or in any way involving or arising out of any of the following including any fear or threat thereof, any action taken or failure to take action in controlling, preventing, suppressing or in any way responding to such whether actual/ alleged/ threat or perceived of:</p> <ul style="list-style-type: none"> <li>Any infectious disease, virus, bacterium or other microorganism (whether asymptomatic or not); or</li> <li>Coronavirus (COVID-19) including any mutation or variation thereof; or</li> <li>Pandemic or epidemic, as declared as such by the World Health Organization or any governmental authority.</li> </ul> <p>If the insurer alleges that, by reason of this exclusion, any amount is not covered by this policy/insurance, the burden of proving the contrary shall rest on the insured"))</p>	

2.9	<b>DETAILS OF PREMIUM AND CO-INSURANCE</b>		
	Payment Receipt	PY000001742718	CGST (9%) INR 530
	Payment Date	15/02/2022 16:40:46	SGST (9%) INR 530
	Net Premium	INR 5,886	IGST (18%) INR 0
	Co-Insurance	NOT APPLICABLE	Kerala Cess(1%) INR 0 Total Payable Premium INR 6,945

Consolidated Stamp Duty Paid Vide G.O. RTt No.204, Commercial Taxes and Registration (j1) Department, TamilNadu dated 15/06/2020

3	<b>EMPLOYEE DETAILS</b>				
	<b>Estimated Number of Employees</b>	<b>Occupation</b>	<b>Estimated Total Salaries Wages and Other Money Earnings</b>	<b>Contractor Sub-Contractor Name (if Applicable)</b>	<b>Place or Places of Employment</b>
4	4	SKILLED AND UNSKILLED WORKERS	15000		ANYWHERE IN MAHARASHTRA

4	<b>INTERMEDIARY DETAILS</b>				
	<b>Intermediary Name</b>	CHOLA INSURANCE DISTRIBUTION SERVICES PRIVATE LIMITED			
	<b>Intermediary Code</b>	200572295173	<b>Contact Number</b>	7620315151	
	<b>POSP Name</b>	PHADNIS KAUSTUBH SURESH			
	<b>POSP PAN Number</b>	AKOPP7252K	<b>POSP Aadhar Number</b>	228304624372	

5	<b>COMPANY DETAILS</b>				
	<b>GSTIN</b>	27AABCC6633K1ZJ	<b>SAC CODE</b>	997139	
	<b>GST Invoice Number</b>	Q000018698141	<b>SAC Description</b>	Description: Other non-life insurance services (excluding reinsurance services)	
	<b>Branch Address</b>	JALNA CIE - NO. 112/96, NEW MONDHA ROAD, MAMA CHOWK MAHAVIR CHOWK, JALNA-431203			
	Note: The certificate of Insurance/Policy schedule is an important document issued based on your declaration. We request you to verify the details and ensure that everything is in order. In case of any discrepancies, please contact us within 15 days from the date of issuance of policy.				
	In witness whereof, the Insurer has caused this Policy to be executed and attested.				
	<b>Place : Chennai</b>	for Cholamandalam MS General Insurance Company Limited,			
	<b>Date : 15 February 2022</b>	 Authorized Signatory			

6	<b>TERMS AND CONDITIONS.</b>				
6.1	<p>1. Employee compensation Act 2010 (as amended from Workmen's compensation Act 1923) and subsequent amendments of the said Act prior to the date of the issue of the policy provided that the insurance granted hereunder is not extended to include: any interest and/or penalty imposed on the insured on account of his/their failure to comply with the requirements laid down under the Employee compensation Act 2010 (as amended from Workmen's compensation Act 1923)</p> <p>2. The Fatal Accidents Act, 1855 and subsequent amendments of the said Act prior to the date of the issue of the Policy provided that the Insurance granted hereunder is not extended to include: any interest and/or penalty imposed on the Insured on account of his/ their failure to comply with the requirements laid down under The Fatal Accidents Act, 1855</p> <p>3. Common Law</p>				

6.2	<p>1. The coverage is for all or none basis. The number of employees / workers on the roll (including Contractor and Sub Contractor wherever applicable) at no point of time should be more than the number of employees / workers insured at that point of time. Else admission of liability under the policy will be prejudiced</p> <p>2. The liability of the company shall not exceed the amount arrived at as per provisions of W C Act considering the actual wages declared by the insured under policy and which is the basis for premium computation. If the actual compensation awarded by the authority as per W C Act exceeds the liability of the insurer as above, the difference shall have to be borne by the insured this is not applicable for Common law awards</p> <p>3. All contractors &amp; sub contractor's employees are not covered unless they are declared in the proposal form or endorsed from time to time</p> <p>4. Premium computation is based on the average monthly income declared by the insured and its subject to adjustment depending on actual disbursement of actual wages./ salaries</p> <p>5. Workmen's Compensation Amendment Act 1923 renamed as The Employees Compensation (Amendment) act, 2009 wherever Workman or workmen is mentioned in the entire Act, the same need to be read as Employee</p> <p>6. In consideration of the payment of an additional premium it is hereby understood and agreed that this Policy subject to its terms provisions and conditions is extended to indemnify the Insured in respect of the reasonable medical surgical and hospital expenses (including cost of conveyance to hospital) incurred by the Insured in connection with any case of injury to which the indemnity granted under this policy applies</p>				
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	<b>Risk Location</b>					
	<b>Risk Address 1</b>	<b>Risk Address 2</b>	<b>Area</b>	<b>City</b>	<b>State</b>	<b>Pin code</b>
	ANYWHERE IN MHARASHTRA		KRANTI CHOWK S.O	AURANGABAD	MAHARASHTRA	431005



7	<b>SPECIFIC CONDITIONS / WARRANTIES</b>
	<p>1. The coverage is for all or none basis. The number of employees / workers on the roll (including Contractor and Sub Contractor wherever applicable) at no point of time should be more than the number of employees / workers insured at that point of time. Else admission of liability under the policy will be prejudiced</p> <p>2. The liability of the company shall not exceed the amount arrived at as per provisions of W C Act considering the actual wages declared by the insured under policy and which is the basis for premium computation. If the actual compensation awarded by the authority as per W C Act exceeds the liability of the insurer as above, the difference shall have to be borne by the insured. This is not applicable for Common law awards.</p> <p>3. All contractors &amp; sub contractors employees are not covered unless they are declared in the proposal form or endorsed from time to time</p> <p>4. Premium computation is based on the average monthly income declared by the insured and its subject to adjustment depending on actual disbursement of actual wages / salaries.</p> <p>5. Workmens Compensation Amendment Act 1923 renamed as The Employees Compensation (Amendment) act, 2009 wherever Workman or workmen is mentioned in the entire Act, the same need to be read as Employee</p> <p>6. In consideration of the payment of an additional premium it is hereby understood and agreed that this Policy subject to its terms provisions and conditions is extended to indemnify the Insured in respect of the reasonable medical surgical and hospital expenses (including cost of conveyance to hospital) incurred by the Insured in connection with any case of injury to which the indemnity granted under this policy applies</p> <p>7. Warranted that in case of a claim, if the declared wages is found to be less than the actual wages then three times the difference of the premium charged and the actual premium payable shall be charged prior to settlement of the claim</p>

<b>EXCLUSIONS</b>	
1	Any employment compensation in excess of the actual sum insured for workmen compensation ordinance (not to apply in respect of common law awards)
2	<p>Losses suffered in the course of manufacturing and /or supplying and/or producing storing, filling, breaking down, transporting -</p> <p>(a) Fireworks, ammunition, fuses, cartridges, powder, nitro-glycerine, celluloid, pyroxylin or any explosives.</p> <p>(b) Gases and/or air under pressure in containers.</p> <p>(c) Butane, methane, propane, and other liquefied gases</p> <p>(d) Petrochemicals and chemicals of a "toxic"(as defined under India's Public Liability Act1991), noxious, explosives and/or highly flammable nature.</p> <p>(e) Celluloid and pyroxylin.</p> <p>(f) Asbestos and/or asbestos products.</p> <p>(It is understood and agreed, however, that the manufacturing, storage, transport and/or handling of any of the above mentioned substances other than (f) which is merely incidental to the operation and/or trade of the Original Insured not otherwise excluded, is hereby covered).</p>
3	Losses suffered in the course of the construction, maintenance and demolition of towers, steeples, bridges, flyovers and other walkways and road bridges longer than 300 meters and road bridges with unsupported span longer than 100 meters, nor to losses arising from incidental work undertaken by contractors predominantly engaged in other activities.
4	Occupational Disease absolutely
5	Terrorism liability absolute exclusion.
6	Contractors predominantly engaged in wrecking or demolition of buildings and/or collection or removal scrap metal.
7	Excavation and tunnelling work in connection with mining, quarrying and for tunnelling work exceeding 200 metres. However, this exclusion shall only apply where more than 20 people are working at the same location at any one time.
8	Underground and/or underwater mines and/or underground services in connection therewith. However, this exclusion shall only apply where more than 20 people are working at the same location at any one time. This exclusion shall only apply to basement work unless the activities are otherwise excluded.
9	Sub aqueous works.
10	Quarrying involving the use of explosives.
11	Drilling for, producing, refining and/or distributing oil or gas (other than general retail distributors whose main occupation is not otherwise excluded).
12	Losses suffered on or in connection with offshore rigs
13	Losses suffered in the course of shipbuilding, ship repairing and ship breaking other than pleasure crafts, stevedoring and/or harbour / longshore work.
14	Aircraft crews in respect of flight risk. However, this exclusion shall not apply to aircraft which are set aside for non fare paying executive use and which are crewed by six persons or less.
15	Ship crews other than on inland vessels or on vessels operating within territorial waters. However, this exclusion shall not apply to a vessel crewed by six persons or less.
16	Service in any kind of armed forces (including, but not limited to military, police, security services).
17	Operations of railways, other than sidings
18	Employees employed on a permanent basis in USA and/or Canada.
19	Professional sports teams.

20	Fire crackers manufacturers.
21	Excluding Liability arising from compressed air sickness unless specifically opted under the policy.
22	Excluding injury or death due to war or war like operations, act of terrorism, radioactive contamination, nuclear and allied perils.
23	Injury or death due to intoxication &/or under influence of alcohol & drug abuse is excluded
24	Adequate safety measures to be followed while working on site. Willful act or negligence is excluded.

#### GRIEVANCE REDRESSAL

1	In the event of the Insured being aggrieved by
	(a) Any partial or total repudiation of claims by an insurer
	(b) Any dispute in regard to premium paid or payable in terms of the Policy
	(c) Any dispute on the legal construction of Policy in so far as such disputes relate to claims
	(d) Delay in settlement of claims
	(e) Non-issue of any insurance document to customers after receipt of premium,
	wherever permissible subject to provisions of Redressal of Public Grievances Rules, 1998 approach the Insurance Ombudsman having jurisdiction for appropriate relief.
2	If the company shall disclaim liability to the Insured or any claim hereunder and such claim shall not within 12 calendar months from the date of such disclaimer have been made the subject matter of suit in a court of law, then the claim shall for all purpose be deemed to have been abandoned and shall not thereafter be recoverable hereunder.
3	The due observance and fulfilment of the terms, conditions and endorsements of this Policy in so far as they relate to anything to be done or complied with by the Insured, shall be a condition precedent to any liability of the Company to make any payment under this Policy.
4	The Company shall not be bound to issue any renewal notice nor shall be bound to accept the renewal premium there under.
5	No interest shall be payable by the Company in respect of any claim under this Insurance where the interest payment is imposed on the Insured by virtue of any delay whatsoever from Insured's side. For avoidance of any doubt, Company remains liable to pay any interest amount where there is a delay from Company's side

#### CLAIM INTIMATION / MECHANISM OF GRIEVANCE REDRESSAL

1	As an esteemed customer of our Company, You can contact us to register complaint/ grievance, if any including servicing of Policy, claims etc. with regard to the insurance of Policy issued to you. The contact details of our office are given below for your reference.
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#### Contact Information

Cholamandalam MS General Insurance Company Limited  
HO: Dare House 2nd Floor, No. 2 NSC Bose Road, Chennai – 600 001.  
Toll Free: 1800 208 5544  
SMS: "CHOLA" TO 56677 \*(Premium SMS charges apply)  
Email –customercare@cholams.murugappa.com  
Web site: www.cholainsurance.com

First level: Your contacting customercare@cholams.murugappa.com and our response within 10 days

Escalation level-1: manager.customersupport@cholams.murugappa.com and our response in next 08 days

Escalation level-2: head.customersupport@cholams.murugappa.com

#### For Complaints

If you have not received any reply from us within 3 days from the date of lodgement of complaint or If you not satisfied with the reply of the Company, you can contact the IRDA Grievance Call Center at the toll free no. 155255 or email at [complaints@irda.gov.in](mailto:complaints@irda.gov.in) for registering the grievance or the nearest Insurance Ombudsman, whose addresses are mentioned below:

Ombudsman office details - <http://ecoi.co.in/ombudsman.html>

Forming part of the Policy No.PINS271200000001718

UIN: IRDAN123CP0083V01201819

Call Toll Free: **1800 208 5544** | SMS **CHOLA** to 56677 | Visit [www.cholainsurance.com](http://www.cholainsurance.com) | Email [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com)

Disclaimer: The Company may contact you for matters related to your policy or to provide details of products & services offered. To opt out from the facility, please register under Do Not Call section on our website.



## YZ Sales & Services

Plot 92 New Shantiniketan Colony Trimurti Chowk Aurangabad. 431005  
PH: +91 9145502037

Email id: [yzsaleservices@gmail.com](mailto:yzsaleservices@gmail.com)

To,  
The. Manager,  
Endurance Technologies Ltd.  
Waluj M.I.D.C. Aurangabad  
Industrial Area Waluj Aurangabad.

Date:18-07-2022

**Subject:-Declaration Letter For Working hours Compliance.**

**We are YZ Sales & Services ,( Beena naveenkumar Pagadala  
Hereby declare and confirm to the our employees are working in day shift (General Shift)  
in A week we work 6 Days and 8 hours in a day and one day is a holiday (Sunday) in a week.**

Sign Authority

Sales & Services.

**YZ Sales & Services**

**Proprietor**



## YZ Sales & Services

Plot 92 New Shantiniketan Colony Trimurti Chowk Aurangabad. 431005  
PH: +91 9145502037

Email id: [yzsalesservices@gmail.com](mailto:yzsalesservices@gmail.com)

To,

The. Manager,  
Endurance Technologies Ltd.  
Waluj M.I.D.C. Aurangabad  
Industrial Area Waluj Aurangabad.

Date:18-07-2022

**Subject:-Declaration Letter For MINIMUM WAGE ACT.**

We are YZ Sales & Services,  
Hereby declare and confirm to the minimum wages are increased time to time based on the cost of living index and are regulated under minimum wages act 1948. the increase in wages/salaried are automatic,phenomenon of the continuance apointment. It is neverrevised or issuedafresh on getting increament or revesion in the wages/Salaries.

Sign Authority

YZ Sales & Services

YZ Sales & Services.

Proprietor



## YZ Sales & Services

Plot 92 New Shantiniketan Colony Trimurti Chowk Aurangabad. 431005  
PH: +91 9145502037

Email id: [yzsalesservices@gmail.com](mailto:yzsalesservices@gmail.com)

### Declaration

We, **YZ Sales & Services (BEENA PAGADALA)** declared that, we don't use any electrical equipment in our work procedure and hence dont require any electrical supervisor or electrician.

For

YZ Sales & Services

Proprietor

**YZ Sales & Services**

Proprietor



## YZ Sales & Services

Plot 92 New Shantiniketan Colony Trimurti Chowk Aurangabad. 431005  
PH: +91 9145502037

Email id: [yzsalesservices@gmail.com](mailto:yzsalesservices@gmail.com)

### Declaration

We, **YZ Sales & Services (BEENA PAGADALA)** declare we don't have any complaint registered against us under labour law.

For

YZ Sales & Services

**YZ Sales & Services**

Proprietor

**Proprietor**



## YZ Sales & Services

Plot 92 New Shantiniketan Colony Trimurti Chowk Aurangabad. 431005  
PH: +91 9145502037

Email id: [yzsalesservices@gmail.com](mailto:yzsalesservices@gmail.com)

We Declare that No Accident has taken place in Last 2 years neither in our organization nor while working in client premises.

No Fire incidents has taken place in Last 2 years neither in our organization nor while working in client premises.

We have not been prosecuted for any HSE Breach or injury to Employee.

YZ Sales & Services

Proprietor



## YZ Sales & Services

Plot 92 New Shantiniketan Colony Trimurti Chowk Aurangabad. 431005  
PH: +91 9145502037

Email id: [yzsalesservices@gmail.com](mailto:yzsalesservices@gmail.com)

### HES POLICY

1. We ensure by all Means the health & safety of our personal during our all production Associated Process.
2. We are cocommitted to identity the hands ,ionize such hazard to prevent injuries an illness and provide a safe and healthy workplace to our employees
3. We pledge to improve the environment by plantation for reduction pollution and control the Emission of smoke implements and solid waste comply with all the applicable National Rules & regulation on environmental
4. We review our health & safety environmental policy on regular for its continual improvement

YZ Sales & Services

  
Proprietor



YZ sales &amp; services

## Training Attendance Sheet

SUBJECT: PPE &amp; safety tool box tool

FACULTY:

L.R. Vardh

25.07.2022

DATE		FROM :	TO :	DURATION		
SR NO	EMP CODE	NAME OF THE PARTICIPANT		DEPARTMENT	PLANT	SIGN
1		BABURAM SODAIN		Civil	E-92	BABURAM
2		SAMIR KUMAR BISWAL		Civil	E-92	Samir
3		NAVIN KUMAR PAGADALA		Civil	E-92	Navin
4						
5						
6						
7						
8						
9						
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## METHOD STATEMENT FOR FABRICATION WORK

**A**

<b>Job Description:</b> Fabrication work-	
<b>Area/ Location:</b> Plant-	
<b>Aux Permit Type:</b>	Excavation work, Hot work, Height Work, General Work

**B**

<b>Major hazards associated with the job:</b> <ol style="list-style-type: none"> <li>1. Electric Shock</li> <li>2. Fire and Explosion</li> <li>3. Slip, Trip and Fall hazard</li> <li>4. Fall from height ( if height work is carried out )</li> <li>5. Falling Object.</li> </ol>	<ol style="list-style-type: none"> <li>6. Burn injury during Hot work</li> <li>7. Eye and Cut injury During cutting work</li> <li>8. Dust Fumes inhalation during drilling work..</li> <li>9. Arch and eye irritation during welding work.</li> <li>10. Human Injury</li> <li>11. Any Other.</li> </ol>
<b>What Worst can Happen?</b> <ol style="list-style-type: none"> <li>1. Fatality or permanent disability due to Electric Shock, Falling from Height, Roof Work etc.</li> <li>2. Fatality and property damage by Fire /Explosion due to combustible/ flammable material present around the work place.</li> </ol>	

**C**

<b>PPE's Required for Jobs:</b> Safety Shoes, Hard helmet, full body safety harness, Scaffolding / ladder, Safety glasses, cut resistance Hand Gloves , Welding apron, wooden tools
<b>Resources /Tools Required for the Job:</b> scaffolding, Rope, welding m/c, Gas cylinder, Grinder, Pneumatic Tools, Gas Cutter, Hammer, cutter machine ,grinder Machine

**D**

<b>Activities Sequence: (What, Who &amp; How?)</b>				
S. No	Activity	Who Will do	Risk involved	Risk Mitigation / Control Measure
1	Take work at height permit, hot work permit ; General work permit	Executor will take the permit signed by respective authorities	Nil	Full Compliance to PTW process
2	Provide the training for the persons who will work Fabrication /Partition work /	SHE Officer/ Site Engineer Area Owner, Shift In charge	Nil	Training to cover all the associated risks and job details/method, PPE usage training, Tool box talk shall be

	plumbing work/ Floor repairing & tiles work activity.			taken before start the activity. Only experienced persons would be selected for the job
3	Assessment of the work area before job starting	Area Owner	Slip Trip Fall etc.	Assessment of the job area to ensure area must be cleaned for work.
4	Take all the hand tools and equipment's required for hot work at site	Approved Contractor	Trip hazard due to improper handling Equipment's and machines.	Ensure that the m/c machine are properly carried.
5	Start the required fabrication/ partition work/ Plumbing work/ Floor repairing Tiles work work process	Trained and experienced persons from contractor	As per attached hazards categories.	Ensure that all work must be done by train person.
6	Removal of scraped material after work completion.	Contract Employees	Cuts due to sharp edges of scrap material	Safety shoes, cotton hand gloves, safety helmets.
7	Closing of permit	Permit Executor and Contractor	Violation of permit	The permit should be handed over after getting it signed from Executor.
8	Assessment of the Hot work area after job completion	Area Owner	Smoldering, fire risk. Ensuring Area is cleared of Debris.	Assessment of the job area 1 hour after job completion to ensure that there is no smoldering and the area has been cleared of all debris

**E**

**Special Instructions/Note:**

1. Get the Permit to work along with height work permit from authorized person.
2. Follow all the work instructions strictly as per work permit.
3. The switch board used must have ELCB
4. No Cable joints in portable electric equipment is acceptable.
5. Close Supervision while performing the work.



## YZ Sales & Services

Plot 92 New Shantiniketan Colony Trimurti Chowk Aurangabad. 431005  
PH: +91 9145502037

Email id: [yzsalesservices@gmail.com](mailto:yzsalesservices@gmail.com)

To

ENDURANCE TECHNOLOGY LTD

Name: - YZ Sales & Services

**Subject: - Emergency Preparedness Response**

Vendor Code: - 20210361 / 2021 Dt. 02/08/2021

While working in plant premises if some Uncertain Condition arrives then First of all emergency

Service will be contacted & Information regarding this uncertain condition will inform to them.

The manpower working over there will be Immediate shifted to nearest assembly point/ safe place.

After control emergency we will trying start the work.

YZ Sales & Services

Proprietor



## YZ Sales & Services

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PH: +91 9145502037

Email id: [yzsalesservices@gmail.com](mailto:yzsalesservices@gmail.com)

To,  
The. Manager,  
Endurance Technologies Ltd.  
Waluj M.I.D.C. Aurangabad  
Industrial Area Waluj Aurangabad.

Date:18-07-2022

**Subject:-Hazard Identification & Management**

**Collect and review Information about the hazards present or likely to be present in the workplace.**

**Conduct initial and periodic workplace inspections of the workplace to identify new or recurring hazards.**

**Investigate injuries,illnesses,incidents,and close calls/near missesto determines the underlying hazards,their causes,and safety and health program shortcomings.**

**Group Similar incidents and identify trends in injuries illnesses and hazards reported.**

**Coonsider hazards assciated with emergency or no routine situations.**

**Determines the severity and likelihood of incidents that could results for each hazards identified,and use this information to priortize corrective actions.**

Sign Authority

YZ sales & services.

**YZ Sales & Services**

**Proprietor**



# YZ Sales & Services

Plot 92 New Shantiniketan Colony Trimurti Chowk Aurangabad. 431005  
PH: +91 9145502037

Email id: [yzsalesservices@gmail.com](mailto:yzsalesservices@gmail.com)

## WORK PROCEUDER

1. TAKEN PERMIT BY AUTHROIZED PERSON
2. TAKEN TOOL BOX TALK
3. WORK PREPRATION BY WALL MARKING
4. CHISLLING OF WALL
5. CUTTING JOINTING AND FIXING PIPES
6. FILLING WALL CHISSLING WITH CEMENT
7. CLEAN THE WORKING AREA/PLACE.

YZ Sales & Services

  
Proprietor



**ENDURANCE**  
Complete Solutions

**MEDICAL FITNESS CERTIFICATE**

Date: 15/7/22

To Whom It May Concern

This is certify that Baburam Swain. of Yr. Sales.

Was examined at OHC at Endurance Technologies Limited, L6/3 Plant, MIDC Waluj  
, Aurangabad. On 25/7/22 at 1:12 pm.

Above mention person medically fit and not having any medical disease and covid -  
19 symptoms.

SPO2: - 97  
PR: - 72  
Temp: 34  
B.P: 140/72  
cold  
cough  
Fever

**Factory Medical officer**  
MBBS, DCH, AFIH  
Reg.No: 3001082804  
OHC

Endurance Technologies Limited,  
L6/3 MIDC Waluj Aurangabad

## ATAXIA [HEIGHT PHOBIA TEST]

Name: BARURAM SWAIN Age: 47 Sex: M  
Name of Contract: YZ SALES Name of Supervisor: NAVIN KUMAR PAGADALA

### ➤ General Questionnaires:

1. Have you work before this on height? ✓ Yes / No
2. What was your maximum height work experience? <10 M / >10 M ✓
3. Do you have any addiction? If yes then mention? \_\_\_\_\_
4. Do you have any nausea or vomiting feeling while working on height? Yes / No ✓
5. Do you have VERTIGO while working on height? Yes / No ✓
6. Do you feel any breathing problem while working on height? Yes / No ✓
7. Are you having any past history of acute illness? Yes / No ✓  
If Yes please mention \_\_\_\_\_
8. Are you having any past history of chronic illness? Yes / No ✓  
If Yes please mention \_\_\_\_\_
9. Are you under any medicinal course? Yes / No ✓  
If Yes please mention \_\_\_\_\_
10. Have you any history of accidental fall while working on height Yes / No ✓

## Practical Observations

### ➤ RHOMBERG TEST

**Exercise :** Ask patient to stand with his feet closing approximated position. First ask to stand with open eyes and then with closed eyes.

**Observations :** If you observed unsteadiness in the position of patient then the Rhomberg Test is positive.

### ➤ TANDEM WALKING

**Exercise :** First draw a straight line on floor, then ask patient to walk on straight line by placing one heel directly in front of opposite toes with eyes open and closed.

**Observations :** If you observe sways or staggers then Tandem Walking Test is positive.

### ➤ FINGER NOSE TEST

**Exercise :** In this Test ask patient to extend and abduct the arms completely and then touch the index finger tip to the tip of his nose. First slowly and then capacity.

**Observations :** If more irregularities are observed as finger approaches the nose or patient may stop before he touches the tip of nose then finger nose test is positive.

Sign of Worker

BARURAM

Sign of Supervisor

Navin Kumar Pagadala

Sign of Examiner

[Signature]



कोविड-१९ के बारे में स्वप्रमाणित घोषणा

पुरा नाम:- <b>BARURAM SWAIN</b> पुरा पता :- <b>HNO9 GALLI 22</b> <b>BANGALI COLONY</b> <b>CHURIYA MOHALLA DELHI</b> ठेकेदार प्रतिष्ठान का नाम:- <b>Y Z SALES</b>		मोबाइल नंबर लिंग :- पुरुष /स्त्री उम्र <b>47</b> Department/विभाग :-		
क्रमांक	विवरण	हां	ना	जवाब
१	क्या आपको निम्नलिखित लक्षण हैं			
	सर्दी		✓	
	खाँसी		✓	
	बुखार		✓	
	जुकाम		✓	
	छिंक		✓	
	मांस पेशियों में दर्द		✓	
	साँस लेने में तकलीफ		✓	
२	क्या आप पिछले ३० दिनों में विदेश गये थे ?		✓	अगर हाँ है तो देश का नाम लिखें
३	क्या आपके परिवार/ सगेसंबंधी में से कोई पिछले ३० दिनों में विदेश गये थे ?		✓	अगर हाँ है तो देश का नाम लिखें
४	क्या आप पिछले १५ दिन में भारत के किसी अन्य शहर में गये थे ?		✓	अगर हाँ है तो शहर का नाम लिखें

५	क्या आपके परिवार/ सगेसंबंधी में से कोई पिछले 15 दिन में भारत के किसी अन्य शहर में गये थे ?		✓	अगर हाँ है तो शहर का नाम लिखें
६	क्या आप या आपके परिवार के सदस्य / सगेसंबंधी पिछले 15 दिन में किसी कोविड-१९ प्रभावित क्षेत्र में या शासनद्वारा सूचित हॉटस्पॉट (Hotspot) क्षेत्र में गये थे?		✓	अगर हाँ तो उनकी जानकारी लिखें
७	क्या आप किसी कोविड-१९ प्रभावित क्षेत्र में रहते हैं?		✓	
८	क्या आप या आपके परिवार के सदस्य / सगेसंबंधी किसी कोविड -१९ संक्रमित या कोविड-१९ संक्रमण संशयित व्यक्ति के संपर्क में पिछले १५ दिन में आये थे?		✓	
९	क्या आप या आपके परिवार के सदस्य पिछले १५ दिनोंके अंदर किसी डॉक्टर या अस्पताल में गये थे?		✓	
१०	क्या आप किसी कोविड-१९ संक्रमित व्यक्ति या कोविड-१९ संक्रमित संशयित व्यक्ति के संपर्क में आने के वजहसे अपने आप को १४ दिनोंके लिये क्वारन्टाईन (Self Quarantine) किया था ?		✓	
११	क्या आप या आपके परिवार के सदस्य या सगेसंबंधी को शासनद्वारा कोविड-१९ संक्रमित व्यक्ति के संपर्क में आने के वजह से १४ दिनों के लिये क्वारन्टाईन किया गया था?		✓	

घोषणा:-

मैं सत्यापित करता हूँ की उपर वर्णित सभी जानकारी सत्य है. मैं जानता हूँ की किसी जानकारी को जानते हुअे छुपाना अपराध है और गलत जानकारी देना या सत्य छुपाना विश्व में महामारी के खिलाफ काम करनेवाले लोगो के हित में नहीं है.

हस्ताक्षर

तारीख

पुरा नाम

BABURAM

BABURAM GUPTA



**ENDURANCE**  
Complete Solutions

**MEDICAL FITNESS CERTIFICATE**

Date: 25/7/22

To Whom It May Concern

This is certify that Jamir Kumar of YK Sales

Was examined at OHC at Endurance Technologies Limited, L6/3 Plant, MIDC Waluj, Aurangabad. On 25/7/22 at 1:15pm

Above mention person medically fit and not having any medical disease and covid - 19 symptoms.

SPO2! - 97  
PR :- 79  
Temp. 36  
BP :- 121/87

cold  
cough  
Fever

Factory Medical officer  
**DR. AMIT KOTHARI**  
OHC, DCH, AFIH  
Reg.No: 2001082801  
Endurance Technologies Limited,  
L6/3 MIDC Waluj Aurangabad

## ATAXIA [HEIGHT PHOBIA TEST]

Name: SAMIR KUMAR BISWAL Age: 37 Sex: M  
Name of Contract: Y Z SALES Name of Supervisor: NAVIN KUMAR PARIKH

### ➤ General Questionnaires:

1. Have you work before this on height? ✓ Yes / No
2. What was your maximum height work experience? <10 M / >10 M ✓
3. Do you have any addiction? If yes then mention? \_\_\_\_\_
4. Do you have any nausea or vomiting feeling while working on height? Yes / No ✓
5. Do you have VERTIGO while working on height? Yes / No ✓
6. Do you feel any breathing problem while working on height? Yes / No ✓
7. Are you having any past history of acute illness? Yes / No ✓  
If Yes please mention \_\_\_\_\_
8. Are you having any past history of chronic illness? Yes / No ✓  
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Sign of Worker

Sign of Supervisor

Sign of Examiner