



THE ASSAM GAZETTE

অসাধাৰণ

EXTRAORDINARY

প্ৰাপ্ত কৰ্তৃত্বৰ দ্বাৰা প্ৰকাশিত

PUBLISHED BY THE AUTHORITY

নং 267 দিশপুৰ, বুধবাৰ, 10 জুলাই, 2024, 19 আশাৰ, 1946 (শক)

No. 267 Dispur, Wednesday, 10th July, 2024, 19th Ashadha, 1946 (S. E.)

GOVERNMENT OF ASSAM

ORDERS BY THE GOVERNOR

LABOUR WELFARE DEPARTMENT ::: LABOUR (RC) BRANCH

NOTIFICATION

The 2nd July, 2024

No. 271442/104.- In exercise of the powers conferred by sub-section (1) of section 15 of the Assam Private Placement Agencies for Recruitment of Workers (Regulation) Act, 2019 (No. X of 2019), the Governor of Assam is hereby pleased to make the following rules, namely:-

- | | |
|----------------------------------|--|
| Short title and commencement | 1. (1) These rules may be called the Assam Private Placement Agencies for Recruitment of Workers (Regulation) Rules, 2024. |
| | (2) They shall come into force on the date of their publication in the Official Gazette. |
| Definitions | 2. In these rules, unless the context otherwise requires, - |
| | (a) "Act" means the Assam Private Placement Agencies for Recruitment of Workers (Regulation) Act, 2019, (No. X of 2019); |
| | (b) "Authorised Officer" means any officer authorized by the Controlling Authority; |
| | (c) "Form" means Forms appended to these rules; |
| | (d) "Licensing Authority" means an officer or authority empowered to grant or renew license under these rules; |
| | (e) "Licensee" means the agency to which the license has been issued under the Act. |
| Application for grant of license | 3. (1) Every application by an Agency for the grant of a license under sub-section (1) of section 5 of the Act shall be made to the Controlling Authority in Form-I . |

- (2) Every application referred to in sub-rule (1) above shall be submitted to the Controlling Authority either by hand or through online mode along with the receipt of fees payable online or through Treasury Challan under local Treasury in the relevant head of account provided for the said purpose.
 - (3) The Bank Guarantee payable along with application to the Controlling Authority shall be in the form of Bank Draft or Banker's Cheque or Demand Draft.
 - (4) The Controlling Authority shall deposit every such bank draft in the savings bank account of any nationalized bank. The Bank Guarantee so deposited shall be refundable after one year if, the Placement Agency desires to discontinue this business and cancel the license.
 - (5) In case of refund, the licensee Placement Agency shall apply in **Form II** for refund stating the reason for such refund.
 - (6) On receipt of the application referred to in sub-rule (1) above, the Controlling Authority after noting the date of receipt of the application shall provide an acknowledgement to the applicant.
 - (7) Every applicant while making an application to the Controlling Authority for issue of fresh license or renewal shall enclose with the application the antecedent of the applicant in **Form-III** and character of the application in **Form-IV**. In case, the applicant is a company or a firm, for every proprietor, majority shareholder, partner or director, as the case may be, shall be enclosed, in separate **Form-III** and **Form-IV** as if they are also the applicants.
- Verification of application
4. (1) The Controlling Authority or Authorized Officer as per sub-section (2) of section 5, on receipt of such application may, forward it to the Superintendent of Police of the concerned district where the agency intends to start its activities and make such inquiry as he considers necessary for verification of particulars of the applicant.
 - (2) The Controlling Authority or any Officer authorized by him shall obtain:-
 - (a) no objection certificate from the concerned Superintendent of Police;
 - (b) the verification report shall be prepared by the Superintendent of Police, with particulars of the applicant and every person in whose name the antecedent form is filled up;
 - (c) a due diligence report on the status of the company from a registered practicing Company Secretary or Chartered Accountant in case of a registered company and from the registered Chartered Accountant in case of a registered practicing firm.

- (3) The Office of the Superintendent of Police of the concerned district shall furnish the no objection certificate and the verification report within thirty days from the date of receipt of the application from the Controlling Authority or any other Authorized Officer for the said purpose containing the informations, whether the applicant is or was indulged in activities which are prejudicial to national security or public order and if so, details thereof.
- (4) The Controlling Authority, after receiving a report from the Authorized Officer on the application under sub-rule(1) of rule 3 shall complete all the formalities and after satisfying himself about the suitability of the applicant shall grant a license to the Private Placement Agency as per sub-section (3) of section 5, in **Form-V** within a period of sixty days from the date of receipt of the application with complete particulars and the fees:

Provided that the Controlling Authority either by itself or through the Authorized Officer, if considers necessary, may verify the training and skills imparted to the private security guard, domestic workers and supervisors of any Private Placement Agency.

- (5) The Controlling Authority shall not refuse the license unless the applicant has been given a reasonable opportunity of being heard and the ground on which license is refused is mentioned in the order.
- (6) The Controlling Authority if refuses any application for license it shall mention the grounds of refusal in the order.
- (7) The Controlling Authority during the continuation of license of such Private Placement Agency, may monitor or inspect whether the Agency has been complying to the conditions of the required training.

Conditions for
grant of license

5. (1) The Licensee shall intimate his or her name, name of parent, date of birth, permanent address, addresses for correspondence and the principle profession of each person forming the Agency within fifteen days from date of receipt of the license from the Controlling Authority.
- (2) The licensee shall inform the Controlling Authority regarding any change in the address of persons forming the Agency and management within 7 (seven) days of such change.
- (3) The licensee shall immediately intimate the Controlling Authority about any criminal charge framed against the persons forming the Agency or the supervisor engaged or employed by the Agency in the course of their performance of duties as private security agency. A copy of such communication shall also be sent to the officer in charge of the police station, where the accused person resides.
- (4) In case of non-intimation, as stated in sub-rule(3) above license shall be automatically cancelled.

- (5) The Agency shall not use in its name the words like "Indian", "National" or any other such words, which give the impression of any Government patronage.
- Conditions for renewal of license 6. (1) Every Agency shall apply to the Controlling Authority for renewal of the license within a period of 60 days from the date of expiry of license as per sub-section (4) of section 5.
- (2) The Controlling Authority may renew a license up to a further period of one year.
- (3) The fees chargeable for renewal of the license shall be the same fees as applicable for the grant of license.
- (4) Late Fine shall be fifty percent of the License fee.
- (5) The renewal of the license shall be granted subject to the following conditions, namely:-
- (a) the applicant continues to maintain his principal place of business in the jurisdiction of the Controlling Authority.
- (b) the applicant continues to adhere the condition of license;
- (c) the no objection certificate has been obtained from the Superintendent of Police of the concerned area.
- Procedure of Appeals 7. (1) Any person aggrieved by any order passed by the Controlling Authority refusing to grant a license, varying the conditions of a license, suspending or revoking a license may prefer an appeal in **Form-VI** signed by the aggrieved person or through his authorised representative to the Appellate Authority in person or sent by registered post against the said order to the Appellate Authority.
- (2) No appeal shall be entertained, unless it is submitted within a period of 60 (sixty) days from the date of receiving the copy of the order as mentioned in sub-section (1) of section 9 of the Act:
- Provided that the Appellate Authority may entertain the appeal after the expiry of the said period, if it is satisfied that the appellant has sufficient cause for delay.
- Functions and Duties of Private Placement Agency 8. (1) The Private Placement Agency shall furnish the details of employment of workers to the Controlling Authority under sub-section (1) of section 10 of the Act in **Form VII** in physical mode (Hard copy).
- (2) The Agency shall maintain the register under sub-section (4) of section 10 of the Act in **Form-VIII**, which shall be opened for inspection by the Controlling Authority or the Authorized Officer.
- (3) The Agency shall issue an identity card under sub-section (7) of section 10 of the Act to every worker in **Form-IX**, containing a full-face colour-photo, name of the agency, name of the worker, designation, identification number and the period of validity. The photo identity card shall be maintained

upto date and any change in the particulars shall be entered therein and in a situation where an employee is no longer engaged or employed by the agency, the photo identity card issued to the worker or supervisor shall be taken back by the agency issuing it.

Form-I
[See rule 3(1)]

Application for New License/ Renewal of License to engage in the Business of Private Placement Agency

To,

The Controlling Authority-cum- Labour Commissioner, Assam

.....
.....

The undersigned hereby applies for obtaining a license to run their business in the area of Private Placement Agencies:

1. Full name of the applicant:-
2. Nationality of the applicant:-
3. Father's/ Husband Name:-
4. Residential Address:-
5. Address where the applicant desires to start his agency:-
6. Name of the private placement agency:-
(Note: (Registration Number of the Agency also be indicated)
7. Name and Address of Proprietor, Partner, Majority Shareholder, Director and Chairman of the Agency:-
8. Name and extent of facilities available:-
9. Qualification of staff engaged for imparting instruction:-
Name:
Age:
Designation:
10. Particulars of the uniform including colour, in case the applicant intends to use any uniform for the private domestics work and supervisors of the Agency:-
11. Does the applicant intend to operate in more than one district? If so, please mention name of the districts –
1.....
2.....
3.....
4.....
5.....
12. Does the applicant intend to operate in the entire State? (Yes/No)
13. Does the applicant process the training facility on its own or will get it on outstanding basis? The details of training facility should be furnished (as annexure)

Enclosure:-

- Address of applicant
Telephone Number of the applicant
Date of application
1. Copy of current Income Tax Clearance Certificate
 2. Affidavit as prescribed in sub-section (2) of Section 7 of the Act.
 3. Other enclosure includes-
a. (If the applicant is a company, then CIN number of the Company, DIN number of directors is required).
b. (Documents of registration with EPF Authority).

Form-II
[See rule 3(5)]

To,
The Controlling Authority-cum-Labour Commissioner, Assam
.....
.....

Date:.....
Sub:Refund of Bank Guarantee Money against: Agency name:.....
..... Registration no:Dated:

Sir,
With reference to the subject cited above, I have the honour to request you kindly to refund my
Bank Guarantee Money against: Agency Name:.....
Registration No:..... Dated:.....to the below mentioned account.

The reason of request is
.....
.....
.....

Bank Account Details:.....
Bank Name:.....
Account No:.....
Branch:.....
IFSC:.....

Seal and Signature of Applicant

Form-III
[See rule 3(7)]
Form for verification of Antecedents

Thumb Impression of the applicant		
Signature of the Applicant		

For official use only

Form Number	Name of the Police Station sent for Police verification	Date:
-------------	---	-------

Fee Amount Rs. Treasury Challan No./GRN No.
Name of the Bank and Branch
Date of issue

N.B:Please read the instructions carefully before filling the form. Please fill in Block LETTERS:
(Note: Please furnish correct information. Furnishing of incorrect information or suppression of any materials information in the form will render the candidate unsuitable for grant license)

1. Name of the applicant (Initials not allowed)

First Name	Middle Name	Last Name

2. If you have ever changed your name, please indicate the previous name in full.....

3. Sex(Male/Female):.....

4. Date of Birth:.....

5. Place of Birth: Village/Town P.O District State
Country Pin Code

6. Father's full name/ Legal Guardian's full name (including surname, if any): (Initial not Allowed)

7. Mother's full name (including surname, if any) : (initial not allowed)

8. If married. Full name of spouse (including surname, if any) : (Initial not allowed)

9. Present Residential Address including Street No. Police station
Village/TownDistrict Pin CodeMobile No.
..... OfficeResidence Fax..... Email ID

10.Please give the date from which applicant residing at the above-mentioned address: DD/MM/YY

11. Permanent Address including Street No. Police Station
Village/Town District Pin code

12. If you have not resided at the address given at column (9) continuously for the last five years, please furnish the other address (addresses) with duration(s) resided. You should furnish additional photocopies of this form for each additional place of stay during the last five years. Forms may be photocopied, but photograph and signature in original are required on each form.

Address	From	To
.....
.....
.....

13. In case of stay abroad, particulars of all places where you have resided for more than one year attaining the age of twenty one years.

14. Other Details:

a) Educational Qualifications:

b) Previous positions held, if any, along with name and address of employer(s)

15. Did you earlier operate any Private Placement Agency or were its partner, majority shareholder, or Director? If yes, then furnish the name, address of the agency and its license particulars.

16. Are you a citizen of India by: (Birth/ Descent/ Registration/ Naturalization? If you have ever possessed any other citizenship, please indicate (the same).

17. Have you, at any time, been convicted by a court in India for any offence and sentenced to imprisonment? If so, give name of the court, case number, and offence.(Attach copy of judgement)

18. a) Are any criminal proceedings pending against you before a court in India? If so, give name of court, case number and offence

.....
.....
.....

b) Have you been keeping links with any organization or association which is banned under any law on-account of their which pose threat to national security or public order?

19. Self-Declaration, - The information given by me in this form and the enclosures is true and correct and I am solely responsible for its accuracy.

(Signature/Thumb Impression* of Applicant)

Date:.....

Place:.....

20. Enclosures:

.....
.....
.....

(Signature/Thumb Impression* of Applicant)

(*Left hand thumb Impression if Male and right Hand Thumb Impression if Female)

For Office Use Only:

File No.....

Date of issue of C & A Report

(Signature of Police Station In-Charge)

Name of Police Station.....

Name of Police District.....

Note,-

(i) Three passport size photographs duly attested by G.O. on reverse of photograph in respect of applicant.

(ii) Proof of age

(iii) Certification of incorporation issued by ROC, Sales Tax No. (ST-2), Labour License, Registration under Employees State Insurance Act and Employees Provident Fund Act, 1952.

(iv) Site Plan of office

(v) Proof of residence of applicants

(vi) Prescribed Fees

(vii) NOC from landlord for carrying on trade of Placement Agency Business at the premises.

Form-IV
[See rule 3(7)]
Character Certificate

This to certify that Mr. /Ms
S/o D/o Shri
resident of whose particulars are given below, has good moral
character and reputation and that the applicant has been staying at the following address continuously
for the last one year.

Date of Birth:
Place of Birth:
Educational Qualification:
Profession:
Present Address:
Permanent Address:
Issuing Authority:

Form-V

[See rule 4(4) and (5)]

License to Engage in Business of Private Placement Agency

Serial No.....

Date.....

Shri/ Smt/ Kumari.....(Name of Applicant),

Date of Birth.....

S/o W/o D/o

Permanent Address

Address for Correspondence.....

is granted the license by the Controlling Authority in the District(s) of/ state of (cancel the inapplicable words).....with office at (Address of the office).

Place of issue:.....

Date of issue:.....

This license is valid upto.....

Signature
Name of Granting Authority
Designation
Official Address

This license is renewed upto.....

Signature
Name of Renewal Authority
Designation
Official Address
Date of renewal

Form-VI
[See rule 7 (1)]
Form for Appeal

An appeal under rule 10 of the Assam State Private Placement Agencies for Recruitment of Workers (Regulation) Rules, 2024 against the order of the Controlling Authority Appellant
S/o W/o D/o Age Resident of

Above appeal is presented to the Secretary, Govt. of Assam. Labour Welfare Department against the order dated of the Controlling Authority refusing to grant/ renew license to run Private Placement Agency on the following grounds, namely:-

- 1.
- 2.
- 3.
- 4.

Enclosed list of documents:

Signature:.....
Designation:.....
Address of the Appellant:.....

Date:.....
Place:.....

Form-VII

[See rule 8(1)]

Details of Employment of Worker/ Supervisor to be furnished to Controlling Authority

Name of Worker/Supervisor	Photograph	Father's Name	Present Address and Phone No.	Permanent Address
Sex	Date of joining/leaving the Agency	Nature of Work	Badge No.	Salary/CTC/ Pay
Details of Identity Proof	Details of Identity Mark	Aadhaar No.	PAN	EPF No.

Form-VIII
[See rule 8(2)]
Register of particulars

(Part-I Management Details)

Name of Person(s) Managing the agency	Parent's/ Father's Name	Present Address and Phone No.	Permanent Address	Nationality	Date of joining/leaving the agency

(Part-II Workers or Supervisors)

Name of Worker/Supervisor	Father's Name	Present Address and Phone No.	Permanent Address
Date of joining/leaving the Agency	Photograph	Badge No.	Salary with date
Details of Identity Proof	Aadhaar No.	PAN	EPF No.

(Part-III Customers or Clients)

Name of the Customer and Phone No.	Address of the place where work is provided	Number and Rank of Worker provided	Date of Commencement of service	Date of discontinuation of services

(Part-IV Duty Roster)

Name and Designation	Address of the place of duty	Whether provided with any arms/ammunition	Date and time commencement of duty	Date and time of ending of duty

Form-IX

[See rule 8(3)]

Photo-Identity Card for Worker/Supervisor

Name of the Private Placement Agency :

.....

Official Designation:

Identification No. of the Worker/Supervisor:

Blood Group:

Date of Birth:

Mobile No.:

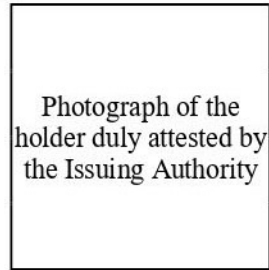
Permanent Address:

.....

Date of issue:.....

Valid upto:

Signature of the card holder:



Photograph of the
holder duly attested by
the Issuing Authority

Signature of the Issuing Authority
Official Designation

BALLEPU KALYAN CHAKRAVARTHY,
Principal Secretary to the Government of Assam,
Labour Welfare Department.