

Application to Operate Industries / Industrial Establishment

1. Name of the Unit:
2. Name of the Authorized Person:
3. Designation:
4. Mobile No.: Landline No.:
5. Unit Address (Attach proof):
6. Unit Location:
 Municipality Area Rural Area
7. Udyog Aadhaar Memorandum / IEM No.:
(Attach the UAM/IEM)
8. Name of Final Product:
9. Total no. of staff/workers:
10. Are all the areas in your industry premises disinfected completely using friendly disinfectant mediums?
 Yes No
11. Do you have the facility for the stay of workers?
 Within Premises Adjacent Building No facility
12. Do you have a special transport facility for the workers who are coming from outside to your industry premises?
 Yes No
If yes, provide details of type of vehicle and vehicle number:
13. Do you have the facility to disinfect all the vehicles and machinery entering your industry premises?
 Yes No

14. Do you have the facility to conduct a thermal scanning of each person entering and exiting your workplace?
 Yes No
15. Do all workers have medical insurance?
 Yes No
16. Do your premises have hand-wash and sanitizer facilities (both in sufficient quantities and preferably with touch free mechanism) at entry/exit points and common areas?
 Yes No
17. Do you have a list at your workplace of the hospitals/clinics in your nearby area which are authorized to treat COVID-19 patients?
 Yes No
18. Does any of the employees/owner of your unit reside in hotspots/containment zones as declared by central government/state government/local administration?
 Yes No
19. Do you have all preparatory arrangements with regard to the Standard Operating Procedures (SOPs) as mentioned in Order No. 40-3/2020-DM-I(A) dtd. 15th April 2020, Ministry of Home Affairs, Government of India.
 Yes No

I, (Name of Authorized Person), hereby declare that information given herein is correct and complete and also aware that any person violating lockdown measures will be liable to be proceeded against as per the provisions of Section 51 to 60 of the Disaster Management Act, 2005, besides legal action under Sec. 188 of the IPC, and other provisions as applicable.

Date:

Place:

Signature and Stamp of Authorized Person

Note: - Submit the application in the prescribed format with supportive documents attached through email only at gm-dic-nav@gujarat.gov.in