



SAMADHAN

(Software Application for Monitoring and Disposal, Handling of Apprehended/Existing Industrial Dispute/General Complaints/Claims)

User Manual for Workman/Union Representative i.e. Applicant

Abstract: This User Manual provides complete description of the functions covered for SAMADHAN (Software Application for Monitoring And Disposal, Handling of Apprehended/Existing Industrial Dispute).



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Samadhan Portal

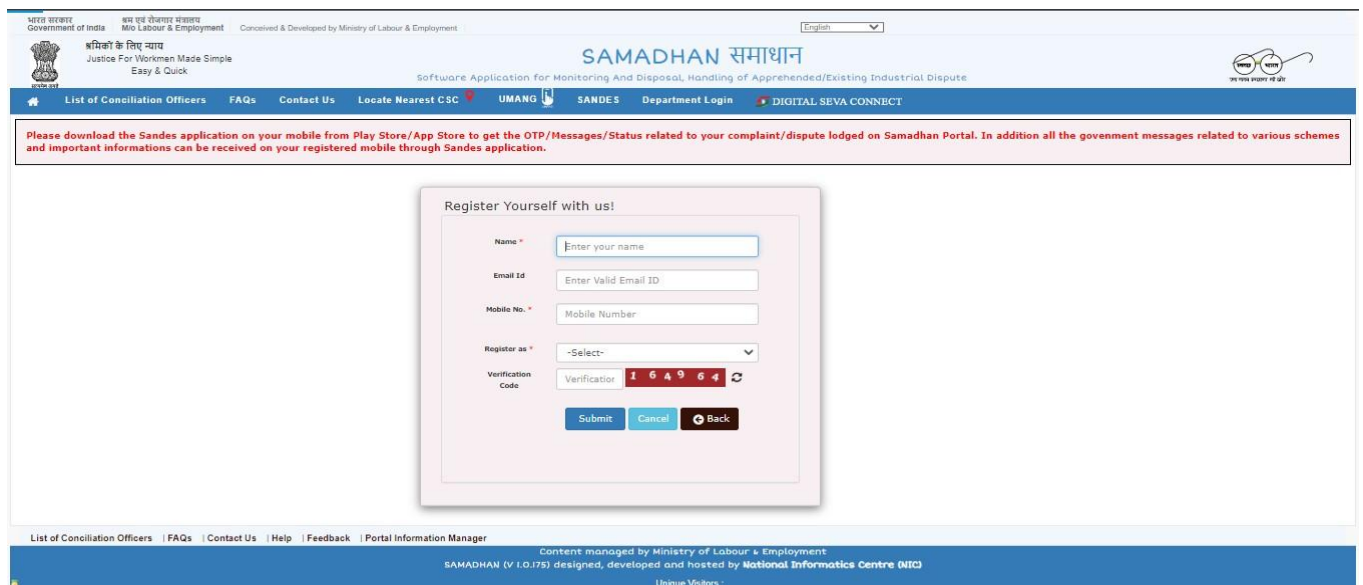
- 1- Click on List of conciliation officers to get the names of assigned officers
- 2- Click on Locate Nearest CSC to locate a nearby CSC center.
- 3- Click on New user sign up to sign up on samadhan portal.
- 4- Click on Registered user to log in into the samadhan portal.

1 Registration on Portal

Applicant Workman/Union representative, who want to raise dispute/claim/General Complaints needs to do one time registration on the Portal. The portal requires name, mobile number and user type such as individual or union to get registered.

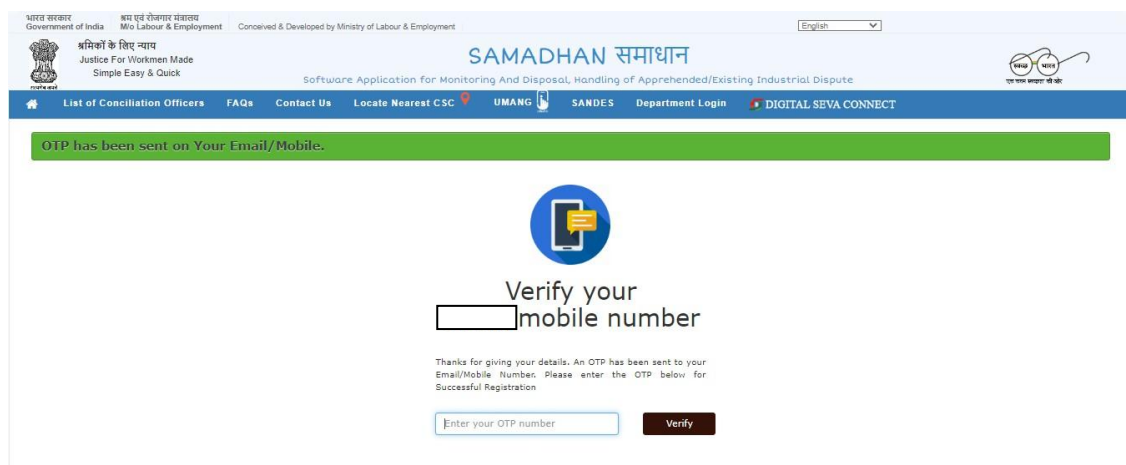
New User Sign-up

Kindly enter Name, email (not mandatory), mobile (mandatory) and select the option to register as Individual or Union/Management, then enter the verification code and click on submit button.



The screenshot shows the SAMADHAN portal's registration interface. At the top, there is a header with the Government of India logo, the Ministry of Labour & Employment name in Hindi and English, and the SAMADHAN logo. Below the header is a navigation bar with links: List of Conciliation Officers, FAQs, Contact Us, Locate Nearest CSC, UMANG, SANDES, Department Login, and DIGITAL SEVA CONNECT. A message box states: "Please download the Sandes application on your mobile from Play Store/App Store to get the OTP/Messages/Status related to your complaint/dispute lodged on Samadhan Portal. In addition all the government messages related to various schemes and important informations can be received on your registered mobile through Sandes application." The main content area features a "Register Yourself with us!" form with fields for Name, Email Id, Mobile No., Register as (a dropdown menu), and Verification Code. A "Submit" button is at the bottom of the form. The footer contains links for List of Conciliation Officers, FAQs, Contact Us, Help, Feedback, and Portal Information Manager, along with content managed by the Ministry of Labour & Employment and SAMADHAN (V 1.0.178) designed, developed and hosted by National Informatics Centre (NIC). Unique Visitors are also tracked.

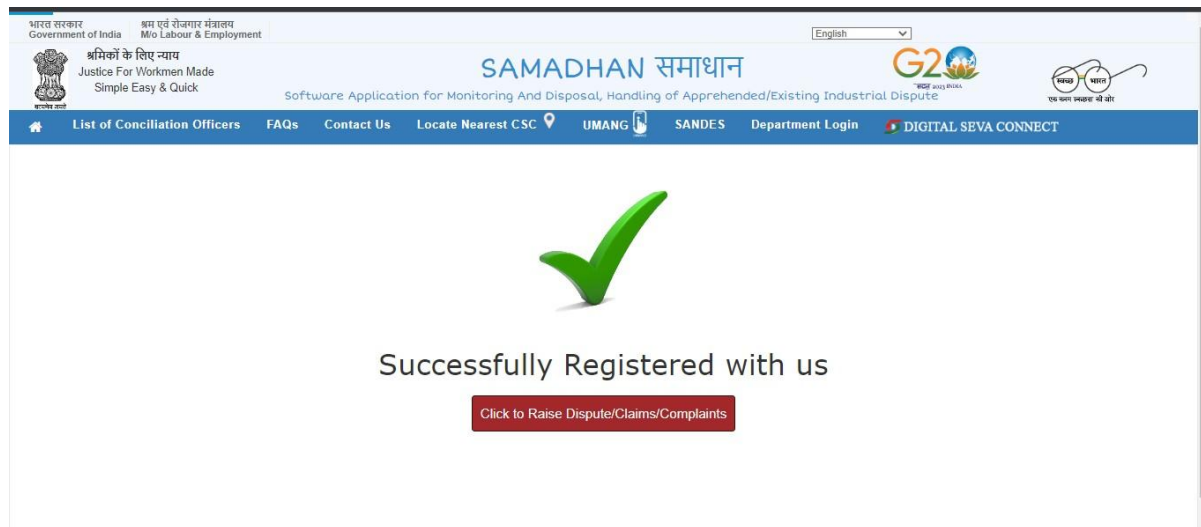
After clicking on submit button, OTP will be sent on mobile number entered. Then enter the OTP and click on verify to create an account.



The screenshot shows the SAMADHAN portal's verification interface. At the top, there is a header with the Government of India logo, the Ministry of Labour & Employment name in Hindi and English, and the SAMADHAN logo. Below the header is a navigation bar with links: List of Conciliation Officers, FAQs, Contact Us, Locate Nearest CSC, UMANG, SANDES, Department Login, and DIGITAL SEVA CONNECT. A green message box states: "OTP has been sent on Your Email/Mobile." The main content area features a "Verify your mobile number" section with a "Verify" button. Below this, there is a text box for "Enter your OTP number" and a "Verify" button. The footer contains links for List of Conciliation Officers, FAQs, Contact Us, Help, Feedback, and Portal Information Manager, along with content managed by the Ministry of Labour & Employment and SAMADHAN (V 1.0.178) designed, developed and hosted by National Informatics Centre (NIC). Unique Visitors are also tracked.



After entering the correct OTP, following screen will appear.




Now you are registered on Samadhan Portal.

Registered User

• Steps to login into the SAMADHAN Portal

Step 1 - Enter the mobile number.

Step 2 - Enter the verification code and click on submit button.



Welcome to Samadhan Portal!!

Mobile Number * Enter Mobile Number

Verification Code 6 1 9 2 5 8

If you are not registered, [Please Register Here](#)

Step 3- Enter OTP sent on mobile number and click on submit to log in into the portal



Welcome to Samadhan Portal!!

OTP has been sent on Your Email/Mobile.

Mobile Number

OTP Enter your OTP number

If you are not registered, [Please Register Here](#)



Step 4- After entering the correct OTP, following screen will appear.

The screenshot shows the SAMADHAN Applications Status Dashboard for a user named Rohit Kumar. The dashboard includes a header with the Government of India logo, the Ministry of Labour & Employment, and the SAMADHAN logo. The main content area displays the following statistics:

Category	Count	More Info
Disputes Submitted	24	More info
Claims Submitted	16	More info
General Complaints Submitted	19	More info
Draft	7	More info

A '+ New Application' button is located above the 'Claims Submitted' card. The dashboard also features a navigation bar with links to List of Conciliation Officers, FAQs, Contact Us, Locate Nearest CSC, UMANG, and SANDES, along with a Logout button.



If the Applicant has Universal Account Number (UAN) than he can choose the option YES else NO.

The screenshot shows the SAMADHAN portal interface. At the top, there is a header with the Government of India logo, the Ministry of Labour & Employment, and the SAMADHAN logo. Below the header, there is a navigation bar with links for 'List of Conciliation Officers', 'FAQs', and 'Contact Us'. The main content area is titled 'Verify your UAN' and contains a form with the question 'Do you have Universal Account Number (UAN)?'. There are two radio buttons: 'No' and 'Yes'. Below the radio buttons are 'Back' and 'Next' buttons. The 'Next' button is highlighted in red.

Step 5- On pressing the next button, the following dashboard will be displayed.

The screenshot shows the SAMADHAN Applications Status Dashboard. At the top, there is a header with the Government of India logo, the Ministry of Labour & Employment, and the SAMADHAN logo. Below the header, there is a navigation bar with links for 'List of Conciliation Officers', 'FAQs', and 'Contact Us'. The main content area is titled 'Applications Status Dashboard' and contains a green banner with the text 'Welcome Rohit Kumar'. Below the banner, there is a '+ New Application' button. There are four cards displaying the status of applications: 'Disputes Submitted' (0), 'Claims Submitted' (4), 'General Complaints Submitted' (0), and 'Draft' (1). Each card has a 'More info' link.



Dashboard shows the various options, which you can choose accordingly.

- 1- **Disputes Submitted** – Shows total number of disputes and on clicking all industrial dispute forms will be displayed here.
- 2- **Claims Submitted**- Shows total number of claims and on clicking all claims forms will be displayed here.
- 3- **General Complaints Submitted**- Shows total number of general complaints and on clicking all General complaints forms will be displayed here.
- 4- **Draft**- Shows total number of drafts and on clicking all forms saved as draft will be displayed here.

Initially all the totals are zero.

- 5- **New Application**- For lodging new Industrial Dispute/Claim/General Complaint, press the NEW APPLICATION button.



Complaint Application Form

On clicking on New Application, following form will be displayed-

1- Illustrations-

2- Details of Applicant-

1. Name of Applicant to be entered.
2. Designation of the Applicant to be entered.
3. Current address of the Applicant to be entered (State and District in which the applicant is living).

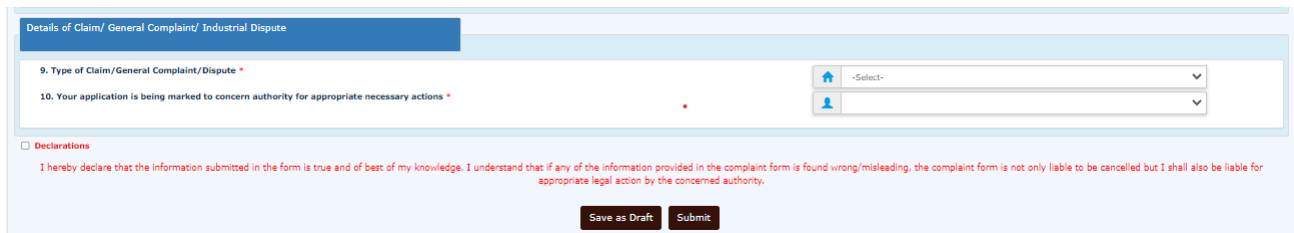
3- Details against whom dispute/General Complaint is raised –

- 1- Name of the company in which the workman is working.
- 2- Address of the company/organization where the workman is working. (State and District is to be mentioned where the workman is working).

4- Details of Claim/General Complaints/Disputes-

1- Select the type of Claim/General Complaints/Disputes.

2- After selecting the concerned State and District, concerned authority name will be show.



In the 4th option Details of Claim/ General Complaint/ Industrial Dispute to be filled.

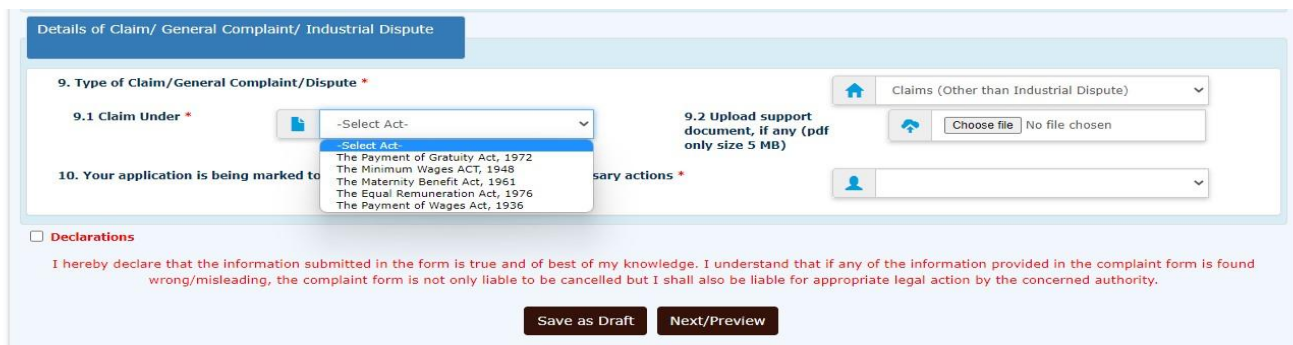
Details of 1st, 2nd and 3rd are common for ID/Claim and General Complaints.

Under the category, you can choose the type complaints from the tab '**Type of Claim/General Complaint/Dispute**'. There are 4 sub categories from which you can choose –

- Claims (other than industrial dispute)
- General Complaint (any other grievances)
- Termination (under ID act)
- Other than termination (under ID act)

1- **Claims**- It consists of 5 sub categories –

- The payment of gratuity act, 1972
- The minimum wages act, 1948
- The maternity benefit act, 1961
- The equal remuneration act, 1976
- The payment of wages act, 1936





2- General Complaints- You can select this option to lodge general complaints/grievances.

Details of Claim/ General Complaint/ Industrial Dispute

9. Type of Claim/General Complaint/Dispute *

9.1 General Complaint *

Enter General Complaint

9.2 Upload support document, if any (pdf only size 5 MB)

General Complaint (Any other Grievances)
 Choose file No file chosen

10. Your application is being marked to concern authority for appropriate necessary actions *

☐ Declarations

I hereby declare that the information submitted in the form is true and of best of my knowledge. I understand that if any of the information provided in the complaint form is found wrong/misleading, the complaint form is not only liable to be cancelled but I shall also be liable for appropriate legal action by the concerned authority.

Save as Draft

Submit

[List of Conciliation Officers](#) | [FAQs](#) | [Contact Us](#) | [Help](#) | [Feedback](#) | [Portal Information Manager](#)

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3- Termination (Under ID Act) –

Details of Claim/ General Complaint/ Industrial Dispute

9. Type of Claim/General Complaint/Dispute *

Termination Details

9.1. Relief Sought *

-Select-

9.2. Upload support document, if any (pdf only size 5 MB)

Choose file No file chosen

9.3. Date of Appointment *

Date Of Appointment

9.4. Date of Termination *

Date Of Termination

10. Your application is being marked to concern authority for appropriate necessary actions *

☐ Declarations

I hereby declare that the information submitted in the form is true and of best of my knowledge. I understand that if any of the information provided in the complaint form is found wrong/misleading, the complaint form is not only liable to be cancelled but I shall also be liable for appropriate legal action by the concerned authority.

Save as Draft

Submit

[List of Conciliation Officers](#) | [FAQs](#) | [Contact Us](#) | [Help](#) | [Feedback](#) | [Portal Information Manager](#)

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4- Other than termination (under ID act)

Details of Claim/ General Complaint/ Industrial Dispute

9. Type of Claim/General Complaint/Dispute *

Other than Termination (under ID Act)

Other than Termination Details

9.1. Relief Sought *

-Select-

-Select-

Reinstatement

Retrenchment Compensation

Notice Pay

Lump sum relief amount

Wage Revision

Service conditions

Higher Bonus

Kits and Liveries

Other

9.2. Upload support document, if any (pdf only size 5 MB)

Choose file

No file chosen

10. Your application is being marked to

necessary actions *

☐ Declarations

I hereby declare that the information submitted in the form is true and of best of my knowledge. I understand that if any of the information provided in the complaint form is found wrong/misleading, the complaint form is not only liable to be cancelled but I shall also be liable for appropriate legal action by the concerned authority.

Save as Draft

Submit

List of Conciliation Officers | FAQs | Contact Us | Help | Feedback | Portal Information Manager

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Note- Fill the complete form and upload the necessary documents (If required). Documents must be uploaded in pdf format and cannot be greater than 5 mb.

You will also get the officers name to which so ever the grievance is assigned as shown below-

10. Your application is being marked to concern authority for appropriate necessary actions *

DY. CLC (C), New Delhi

Page 14



- Minimum Wages Act, 1948

The minimum wages act 1948 has 3 categories

- Employee
- Group of employee
- Inspector

- Employee's Form-

Details of Claim/ General Complaint/ Industrial Dispute

9. Type of Claim/General Complaint/Dispute *

9.1 Claim Under *

9.2 Upload support document, if any (pdf only size 5 MB)

9.3 By *

Claims (Other than Industrial Dispute)

The Minimum Wages ACT, 1948

No file chosen

Employee

FORM VI

FORM OF APPLICATION BY AN EMPLOYEE UNDER SECTION 20(2) IN THE COURT OF THE AUTHORITY APPOINTED UNDER THE MINIMUM WAGES ACT, 1948 FOR [] AREA

Applicant (Through [] a legal practitioner/an official of [] which is a registered trade union).Address []

Vrs.

(1) []

(2) []

(3) []

(4) [] Opponents(s)

The applicant above-named states as follows:

(1)The applicant was/has been employed from dd-mm-yyyy to dd-mm-yyyy as [] (Category) in [] (establishment) of Shri/M/s [] engaged in [] (nature of work) which is a scheduled employment within the meaning of section 2(g) of the Minimum Wages Act, 1948.

(2) The opponent(s) is/are the employer(s) within the meaning of section 2(e) of the Minimum Wages Act, 1948.

(3) (a) The applicant has been paid wages at less than the minimum rate of wages fixed for his category of employment under the Act by Rs. [] per day for the period from dd-mm-yyyy to dd-mm-yyyy.

(b) The applicant has not been paid wages at Rs. [] per day for the weekly days for rest from dd-mm-yyyy to dd-mm-yyyy.

(c) The applicant has not been paid wages at the overtime rate for the period from dd-mm-yyyy to dd-mm-yyyy.

(4) The applicant estimates the value of relief sought by him on each account as under:

(a) Rs. []

(b) Rs. []

(c) Rs. []

Total Rs. []

(5) The applicant, therefore, prays that a direction may be issued under section 20(3) of the Act for-

(a) payment of the difference between the wages payable under the Minimum Wages Act and the wages actually paid,

(b) payment of remuneration for the days of rest,

(c) payment of wages at the overtime rate,

(d) compensation amounting to Rs. []

(6) The applicant begs leave to amend or add to or make alteration in the application, if and when necessary, with the permission of the authority.

(7) The applicant does solemnly declare that the facts stated in this application are true to the best of his knowledge, belief and information.

Dated:11-11-2022

Signature or thumb impression of the employed person, or legal practitioner or official of a Registered Trade Union duly authorised

10. Your application is being marked to concern authority for appropriate necessary actions *

Declarations

I hereby declare that the information submitted in the form is true and of best of my knowledge. I understand that if any of the information provided in the complaint form is found wrong/misleading, the complaint form is not only liable to be cancelled but I shall also be liable for appropriate legal action by the concerned authority.

Save as Draft

Next/Preview

List of Conciliation Officers | FAQs | Contact Us | Help | Feedback | Portal Information Manager

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Unique Visitors :

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Group of Employee's Form

Details of Claim/ General Complaint/ Industrial Dispute

9. Type of Claim/General Complaint/Dispute *

9.1 Claim Under *

The Minimum Wages ACT, 1948

9.2 Upload support *
document, if any (pdf
only size 5 MB)

Claims (Other than Industrial Dispute)

Choose file No file chosen

9.3 By *

Group of Employee

FORM VI-A

FORM OF GROUP APPLICATION UNDER SECTION 21(1)
IN THE COURT OF THE AUTHORITY APPOINTED UNDER
THE MINIMUM WAGES ACT, 1948

FOR [] AREA []

Between

and [State the number] Others [] Applicants (Through a legal practitioner/an official of [] which is a registered trade union) , -
Select- , -Select-

And

, , -Select- , -Select-
(Principle employer:)

The applicants states as follows:

(1) The applicants whose names appear in the attached schedule were/have been employed from dd-mm-yyyy to dd-mm-yyyy as [] categories in [] (establishment) Shri/M/s [] engaged in [] (nature of work) which is/are scheduled employment(s) within the meaning of section 2(g) of the Minimum Wages Act, 1948.

(2) The opponent(s) is/are the employer(s) within the meaning of section 2(e) of the Minimum Wages Act, 1948.

(3) (a) The applicants have been paid wages at less than the minimum rate of wages fixed for their category (categories) of employment(s) under the Act by Rs [] per day for the period(s) from dd-mm-yyyy to dd-mm-yyyy

(b) The applicants have not been paid wages at Rs. [] per day for the weekly days of rest from dd-mm-yyyy to dd-mm-yyyy

(c) The applicants have not been paid wages at overtime rate(s) for the period from dd-mm-yyyy to dd-mm-yyyy

(4) The applicants estimate the value of relief sought by them on each account as under:

(a) Rs. []

(b) Rs. []

(c) Rs. []

Total Rs. []

(5) The applicants, therefore, prays that a direction may be issued under section 20(3) of the Minimum Wages Act, 1948 for:

(a) payment of the difference between the wages payable under the Act and the wages actually paid,

(b) payment of remuneration for the days of rest,

(c) payment of wages at the overtime rate(s),

(d) compensaton amounting to Rs. []

(6) The applicants beg leave to amend or add to or make alterations in the application, if and when necessary, with the permission of the Authority.

(7) The applicants do solemnly declare that the facts stated in this application are true to the best of their knowledge, belief and information.

Dated:11-11-2022

Signature or thumb impression of the employed

person, or legalpractitioner or official of a

Registered Trade Union duly authorised

10. Your application is being marked to concern authority for appropriate necessary actions *

[]

Declarations

I hereby declare that the information submitted in the form is true and of best of my knowledge. I understand that if any of the information provided in the complaint form is found wrong/misleading, the complaint form is not only liable to be cancelled but I shall also be liable for appropriate legal action by the concerned authority.

Save as Draft

Next/Preview

List of Conciliation Officers | FAQs | Contact Us | Help | Feedback | Portal Information Manager

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• Inspector Form

9. Type of Claim/General Complaint/Dispute *

Claims (Other than Industrial Dispute)

9.1 Claim Under *

The Minimum Wages ACT, 1948

9.2 By *

Inspector

FORM VII

FORM OF APPLICATION BY AN INSPECTOR OR PERSON ACTING WITH THE PERMISSION OF THE AUTHORITY UNDER SECTION 20(2)

IN THE COURT OF THE AUTHORITY APPOINTED
UNDER THE MINIMUM WAGES ACT, 1948
FOR _____ AREA

, -Select-, -Select- Applicant

Vrs.

, -Select-, -Select- Opponent(s)

The applicant abovenamed states as follows:

(1) The opponent(s) has/have-

(a) paid wages at less than the minimum rates of wages fixed for their category (categories) of employment(s) under the Minimum Wages Act, 1948 by Rs. _____ per day for the period(s) from dd-mm-yyyy to dd-mm-yyyy,

(b) not paid wages at Rs. _____ per day for the weekly days of rates from dd-mm-yyyy to dd-mm-yyyy,

(c) not paid wages at the overtime rate(s) for the period from dd-mm-yyyy to dd-mm-yyyy to the following employees:

(2) The applicant estimates the value of relief sought for the employees on each account as under:

(a) Rs. _____

(b) Rs. _____

(c) Rs. _____

Total Rs. _____



- **The Maternity Benefit Act, 1961**

The Maternity Benefit Act 1962 has 2 categories

- Women
- Nominee/Representative
- **Women Form**

Details of Claim/ General Complaint/ Industrial Dispute

9. Type of Claim/General Complaint/Dispute *

9.1 Claim Under *

The Maternity Benefit Act, 1961

9.2 By *

Woman

9.2 Upload support document, if any (pdf only size 5 MB)

Choose file No file chosen

FORM H
[See Rule 10]
Complaint under section 17(1)

To,

The Inspector,
(Under The Maternity Benefit Act, 1961)

Sir,

I employed in (principle employer:), , -Select- , -Select- [mine or circus] having fulfilled the conditions laid down in the Maternity Benefit Act, 1961 and the Rules there under, am entitled to Rs. being maternity benefit and/ or Rs. being the medical bonus and/ or Rs. being wages for leave due under [section 9 or 9A] 10 but the same has been improperly withheld by the employer. He may, therefore, be directed to pay the amount to me.

Date:11-11-2022

Signature or thumb impression of the woman

Signature of an Attestor in case the woman is unable to sign and affixes thumb impression.

Full Address of woman

10. Your application is being marked to concern authority for appropriate necessary actions *

Declarations

I hereby declare that the information submitted in the form is true and of best of my knowledge. I understand that if any of the information provided in the complaint form is found wrong/misleading, the complaint form is not only liable to be cancelled but I shall also be liable for appropriate legal action by the concerned authority.

Save as Draft

Next/Preview

List of Conciliation Officers | FAQs | Contact Us | Help | Feedback | Portal Information Manager

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Unique Visitors :



- **Nominee/Representative Form**

Details of Claim/ General Complaint/ Industrial Dispute

9. Type of Claim/General Complaint/Dispute *

9.1 Claim Under *

The Maternity Benefit Act, 1961

9.2 By *

Nominee/Representative

9.2 Upload support document, if any (pdf only size 5 MB)

Choose file No file chosen

FORM I
[See Rule 10]
Complaint under section 17(1)

To,
The Inspector,
(Under The Maternity Benefit Act, 1961)

Sir,
I [] , a person nominated under section 6 by or a legal representative of employed in ,(principle employer:), , -Select- , -Select- [mine or circus] have to complain that the said woman having fulfilled the conditions laid down in the Maternity Benefit Act, 1961 and the Rules there under is entitled to Rs. [] being maternity benefit and/or Rs. [] being the medical bonus and/ or Rs. [] being wages for leave due under [section 9 or 9A] or 10 but the same has been improperly withheld by the employer. He may, therefore, be directed to pay the amount to me.

Date:11-11-2022

Signature or thumb impression of the nominee/legal representative

Signature of an Attestor in case the nominee/legal representative is unable to sign and affixes thumb impression.

Full Address of nominee/legal representative

10. Your application is being marked to concern authority for appropriate necessary actions *

Declarations

I hereby declare that the information submitted in the form is true and of best of my knowledge. I understand that if any of the information provided in the complaint form is found wrong/misleading, the complaint form is not only liable to be cancelled but I shall also be liable for appropriate legal action by the concerned authority.

Save as Draft

Next/Preview

List of Conciliation Officers | FAQs | Contact Us | Help | Feedback | Portal Information Manager

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Unique Visitors :

Page 19



- The Equal Remuneration Act-

The Equal Remuneration Act has 3 categories

- Complainant
- Petitioner
- Worker

- **Complainant Form**

Details of Claim/ General Complaint/ Industrial Dispute

9. Type of Claim/General Complaint/Dispute *

9.1 Claim Under *

The Equal Remuneration Act, 1976

9.2 Upload support document, if any (pdf only size 5 MB)

Choose file

No file chosen

9.2 By *

Complainant

CLAIMS (Other than Industrial Dispute)

Choose file

No file chosen

FORM A

(To be submitted in triplicate)

[See Rule 3(1)]

Complaint under clause (a) or sub-section (1) of Section 7 of the Equal Remuneration Act, 1976 (25 of 1976)

To,

The Authority appointed under sub-section (1) of Section 7. Address.

, -Select-, -Select- Complainant(s).

Versus

, -Select-, -Select- Opposite Party.

(principle employer:)

The Complainant(s) begs/beg to complain that the opposite party has been guilty of a contravention(s) of the provisions of the Equal Remuneration Act, 1976 (25 of 1976) as shown below: -

[Here set out briefly the particulars showing the manner in which the alleged contravention(s) has/have taken place and the grounds supporting the complaint].

The complainant(s) accordingly prays/pray that the Authority may be pleased to decide the complaint set out above and pass such order or orders thereon as it may deem fit and proper.

The number of copies of the complaint (along with its annexures) as required under sub- rule (1) of rule 3 of the Equal Remuneration Rules, 1976 are submitted herewith.

The complainant(s) does/do solemnly declare that the facts stated in this complaint are true to the best of his/her/their knowledge, belief and information.

Date:11-11-2022

Signature/Thumb-impression of the complainant

* I have been duly authorized in writing by [here Insert the name of the worker(s)] to appear and act on his/her/their behalf.

Station:

Date:11-11-2022

Signature of the legal practitioner/official of a registered Trade Union duly authorised.

10. Your application is being marked to concern authority for appropriate necessary actions *

Declarations

I hereby declare that the information submitted in the form is true and of best of my knowledge. I understand that if any of the information provided in the complaint form is found wrong/misleading, the complaint form is not only liable to be cancelled but I shall also be liable for appropriate legal action by the concerned authority.

Save as Draft

Next/Preview

List of Conciliation Officers

FAQs

Contact Us

Help

Feedback

Portal Information Manager

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Unique Visitors :

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• Petitioner Form

Details of Claim/ General Complaint/ Industrial Dispute

9. Type of Claim/General Complaint/Dispute *

9.1 Claim Under *

The Equal Remuneration Act, 1976

9.2 By *

Petitioner

9.2 Upload support document, if any (pdf only size 5 MB)

Choose file

No file chosen

FORM B

(To be submitted in triplicate)

[See Rule 4(1)]

Claim under clause (B) of sub-section (1) of Section 7 of the Equal Remuneration Act, 1976 (25 of 1976).

To,

The Authority appointed under sub-section (1) of Section 7.

, -Select-, -Select- Petitioner(s).

Versus

, -Select-, -Select- Opposite Party.

(principle employer:)

The petitioner(s) above named states/state as follows:-

(1) The petitioner(s) was/were/is/are employed from dd-mm-yyyy to dd-mm-yyyy as (Category) in (Name of establishment) of Shri/Messrs (Name of the employer and address).

(2) The opposite party is the employer within the meaning of clause (c) of Section 2 of the Equal Remuneration Act, 1976 (25 of 1976).

(3) The petitioner(s) was/were/has/have not been paid wages at rates equal to those of workers of the opposite sex for the same work or work of a similar nature for the period from dd-mm-yyyy to dd-mm-yyyy

(4) The petitioner(s) was/were/has/have been paid wages at the rate of whereas workers of the opposite sex for the same work or work of similar nature were paid/have been paid at the rate of during the said period.

(5) The petitioner(s) estimates/estimate the value of relief sought by him/them at Rs. (Rupees Enter amount in words in words).

(6) The petitioner(s), therefore, prays/pray that the Authority may be pleased to decide the claim set out above and pass such order or orders thereon as it may deemed fit and proper.

(7) The petitioner(s) begs/beg leave to amend or add to or make alternations in the petition, if and when necessary, with the permission of the Authority.

The petitioner(s) does/do solemnly declare that the facts stated in this petition are true to the best of his/her/their knowledge, belief and information.

Date:11-11-2022

Signature/Thumb-impression of the complainant

* I have been duly authorized in writing by [here insert the name of the worker(s)] to appear and act on his/her/their behalf.

Station:

Date:11-11-2022

Signature of the legal practitioner/official of a registered Trade Union duly authorised.

10. Your application is being marked to concern authority for appropriate necessary actions *

Declarations

I hereby declare that the information submitted in the form is true and of best of my knowledge. I understand that if any of the information provided in the complaint form is found wrong/misleading, the complaint form is not only liable to be cancelled but I shall also be liable for appropriate legal action by the concerned authority.

Save as Draft

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• Worker Form

Details of Claim/ General Complaint/ Industrial Dispute

9. Type of Claim/General Complaint/Dispute *

9.1 Claim Under *

The Equal Remuneration Act, 1976

9.2 By *

Worker

9.2 Upload support document, if any (pdf only size 5 MB)

Choose file

No file chosen

FORM C
[See Rule 5]
Form of authority in favour of legal practitioner or any official of a registered Trade Union.

I/We hereby authorize Shri/Shrimati/Kumari a legal practitioner/an official of which is a registered Trade Union to appear and act on my/our behalf, under " in respect of the "Complaint/claim against (principle employer:) on account of (mention violation of the Act).

Station:

Date:11-11-2022

Witness:

(1)

(2)

(3)

I accept the authorisation.

Station:

Date:11-11-2022

Signature(s)/Thumb-impression(s) of the worker(s)

Legal practitioner
Official of a registered Trade Union

10. Your application is being marked to concern authority for appropriate necessary actions *

Declarations

I hereby declare that the information submitted in the form is true and of best of my knowledge. I understand that if any of the information provided in the complaint form is found wrong/misleading, the complaint form is not only liable to be cancelled but I shall also be liable for appropriate legal action by the concerned authority.

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Page 22



• The Payment of Wages Act

The Payment of Wages Act has 3 categories

- Employee
- Group of Employee
- Inspector

• Employee's form

Details of Claim/ General Complaint/ Industrial Dispute

9. Type of Claim/ General Complaint/ Dispute *

9.1 Claim Under *

The Payment of Wages Act, 1936

9.2 By *

Employee

9.2 Upload support document, if any (pdf only size 5 MB)

Choose file No file chosen

Form A
Form of Individual Application
[See sub-section (2) of section 15 of the Payment of Wages Act]

In the Court of the Authority appointed under the Payment of Wages Act, 1936 (4 of 1936) for

Between

, -Select-, -Select- Applicant (through a legal practitioner/an official of

which is a registered Trade Union.)

And

, -Select-, -Select- opposite party:

(principle employer:)

The applicant states as follows:

1. is a person employed in the/on the factory/railway/industrial establishment entitled and resides at

The address of the applicant for the service of all notices and processes is:

2. (principle employer:), the opposite party, is the person responsible for the payment of his wages under section 3 of the Act, and his address for the service of all notices and processes is:

3. (1) The applicant's wages have not been paid for the following wage-period(s)

Or a sum of Rs.

has been unlawfully deducted from his wages of

amount for the wage-period(s) which ended on

(2)[Here give any further claim or explanation]

No file chosen

4. The applicant estimates the value of the relief sought by him at the sum of Rs.

5. The applicant prays that a direction may be issued under sub-section (3) of section 15 for -

(a) Payment of delayed wages as estimated or such greater or lesser amount as the Authority may find to be due.

Or Refund of the amount illegally deducted.

(b) Compensation amounting to

The Applicant certifies that the statement of facts contained in this application is to the best of his knowledge and belief accurate.

Date:11-11-2022

Signature or thumb impression of the employed person, or legal practitioner, or official of a Registered Trade Union duly authorised

10. Your application is being marked to concern authority for appropriate necessary actions *

Declarations

I hereby declare that the information submitted in the form is true and of best of my knowledge. I understand that if any of the information provided in the complaint form is found wrong/misleading, the complaint form is not only liable to be cancelled but I shall also be liable for appropriate legal action by the concerned authority.

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• Group of Employee Form

Details of Claim/ General Complaint/ Industrial Dispute

9. Type of Claim/General Complaint/Dispute *

9.1 Claim Under *

The Payment of Wages Act, 1936

9.2 By *

Group of Employee

9.2 Upload support *
document, if any (pdf
only size 5 MB)

Choose file No file chosen

FORM B
Form of Group Application
[See sub-section (2) of sections 15 and 16 of Payment of Wages Act]

In the Court of the Authority appointed under the Payment of Wages Act, 1936 (4 of 1936) for _____ area

Between
, -Select-, -Select- Applicants

A legal practitioner (through a legal practitioner/an official of _____ which is a registered union).
And
, -Select-, -Select- Opposite Party.
(principle employer:)

The applicants state as follows:

1. The applicants whose names and permanent addresses appear in the attached schedule are persons employed in the /on the /factory/railway/Industrial establishment entitled and resides at _____.
The address of the applicants for service of all notice and processes are: _____

2. (principle employer:), the opposite party, is the person responsible for the payment of wages under section 3 of the Act, and his address for the service of all notices and processes is: _____

3. The applicants' wages have not been paid for the following wage-period(s): _____

4. The applicants estimate the value of the relief sought by them at the sum of Rs. _____

5. The applicants pray that a direction may be issued under sub-section (3) of section 15 for:
(a) Payment of the applicants' delayed wages as estimated _____ or such greater or lesser amount as the Authority may find to be due.
(b) Compensation amounting to _____

The Applicants certify that the statement of facts contained in this application is, to the best of their knowledge and belief accurate.

Date:11-11-2022

Signature or thumb impression of two of the
applicants, or legal practitioner, or official of a
Registered Trade Union duly authorised

10. Your application is being marked to concern authority for appropriate necessary actions *

Declarations

I hereby declare that the information submitted in the form is true and of best of my knowledge. I understand that if any of the information provided in the complaint form is found wrong/misleading, the complaint form is not only liable to be cancelled but I shall also be liable for appropriate legal action by the concerned authority.

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• Inspector Form

Details of Claim/ General Complaint/ Industrial Dispute

9. Type of Claim/General Complaint/Dispute *

9.1 Claim Under *

9.2 By *

9.2 Upload support *
document, if any (pdf
only size 5 MB)

Claims (Other than Industrial Dispute)

Choose file No file chosen

FORM C

FORM OF APPLICATION BY AN INSPECTOR OR PERSON PERMITTED BY
THE AUTHORITY OR AUTHORISED TO ACT
[See sub-section (2) of sections 15 and 16 of the Payment of Wages Act]

In the Court of Authority appointed under the Payment of Wages Act, for _____ area.

Between

, -Select-, -Select- (designation) _____ an Inspector under the Payment of Wages Act or a person [-Select Act-] _____ to
act under sub-section (2) of Section 15] _____ authorised applicant.

And

, -Select-, -Select- the opposite party.
(principle employer:)

The applicant states as follows:

1. (principle employer:), the opposite party is the person responsible under the Act for the payment of wages to the following persons whose names and
permanent addresses are given below:
(1)
(2)
(3)

2. His address for the service of all notices and processes is: _____

3. The wages of the said person(s) due in respect of the following wage-period(s) have not been paid/have been subjected to the following illegal deductions:

4. The applicant estimates the value of the relief sought for the person(s) employed at the sum of Rs. _____.

5. The applicant prays that a direction may be issued under sub-section (3) of section 15 for:
(a) Payment of the delayed wages as estimated or such greater or lesser amount as the Authority may find to be due; or refund of the amount illegally deducted.
(b) Compensation amounting to Rs. _____

The applicant certifies that the statement of facts contained in this application is to the best of his knowledge and belief accurate.

Date:11-11-2022

Signature

10. Your application is being marked to concern authority for appropriate necessary actions *

Declarations

I hereby declare that the information submitted in the form is true and of best of my knowledge. I understand that if any of the information provided in the complaint form is found
wrong/misleading, the complaint form is not only liable to be cancelled but I shall also be liable for appropriate legal action by the concerned authority.

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Unique Visitors :



Preview of application form before submitting the form

Annexure		
1. Name in full of applicant with address *	Rohit Kumar	
2. Basis of claim *	Superannuation	
3. Name and address in full of the employee *	Rohit Kumar	
4. Marital status of the employee	Unmarried	
5. Name and address in full of the employer *	Rohit Kumar	
6. Department/Branch/section (where the employee was last employed) (if known)		
7. Post held by the employee with ticket or serial no. if any (if known)		
8. Date of appointment of the employee (if known)		
9. Date and cause of termination of service of the employee *	24-08-2022	Superannuation
10. Total period of service by the employee *	Rohit kumar	
11. Wages last drawn by the employee *	12	
12. If the employee is dead, date and cause thereof		
13. Evidence/witness in support of death of the employee		

Save as Draft/Edit

The filled form can be saved as draft and also be submitted/edited later when required.

भारत सरकार Government of India			श्रम एवं रोजगार मंत्रालय M/o Labour & Employment			Conceived & Developed by Ministry of Labour & Employment																																																				
Ministry of Labour & Employment			Thu Sep 20 2018, 10:22:54 AM			Welcome Rishabh																																																				
			श्रमिकों के लिए न्याय Justice For Workmen made Simple Easy & Quick			SAMADHAN Software Application for Monitoring And Disposal, Handling of Apprehended/Existing Industrial Dispute																																																				
			FAQs																																																							
Back			JUSTICE TO WORKMAN MADE SIMPLE, EASY & QUICK Dispute Id: 30637817 (20-09-2018)			Print																																																				
<div>Details filled by Employee</div> <table><tbody><tr><td>Type Of Dispute :</td><td>Retrenchment</td></tr><tr><td>Under Section:</td><td>2A Under Industrial Dispute</td></tr><tr><td>Name:</td><td>Rishabh</td></tr><tr><td>Date Of Birth:</td><td>01/09/2001</td></tr><tr><td>Name of Father/Husband/Guradian</td><td>Nbmbmbmb</td></tr><tr><td>Post Held</td><td>Mbmbmbmb</td></tr><tr><td>Residential Address</td><td>Bmbmbmbmbmb, Bmbmbmbmb, New Delhi, Delhi-110011</td></tr><tr><td>Mobile No</td><td>9555344206</td></tr><tr><td>Email ID</td><td>rishabhsharma0130@gmail.com</td></tr><tr><td>UAN No Alloted, if any</td><td></td></tr><tr><td>Aadhaar Number</td><td></td></tr><tr><td colspan="2">Employment Details of Employee</td></tr><tr><td>Employment:</td><td>Regular/Permanent</td></tr><tr><td>Terminated from Service</td><td>Orally</td></tr><tr><td>Notice for Termination given by Management</td><td>No</td></tr><tr><td>Compensation Given for Termination</td><td>No</td></tr><tr><td>Indicate Amount</td><td></td></tr><tr><td>Period of Employment</td><td>From: 01/09/2018 To: 30/09/2018</td></tr><tr><td colspan="2">Details of Employer/Principal Employer</td></tr><tr><td>Establishment Name:</td><td>Asdadads</td></tr><tr><td>Address of Communication</td><td>Adsada Dsadasa Dsadasa Dsadasa, Delhi New Delhi, Delhi-110011</td></tr><tr><td>Email ID Of Establishment</td><td></td></tr><tr><td>Mobile No Of HR Manager/Head Of Establishment</td><td>9555344206</td></tr><tr><td colspan="2">Documents Uploaded</td></tr><tr><td colspan="2">• Appointment Type</td></tr></tbody></table>									Type Of Dispute :	Retrenchment	Under Section:	2A Under Industrial Dispute	Name:	Rishabh	Date Of Birth:	01/09/2001	Name of Father/Husband/Guradian	Nbmbmbmb	Post Held	Mbmbmbmb	Residential Address	Bmbmbmbmbmb, Bmbmbmbmb, New Delhi, Delhi-110011	Mobile No	9555344206	Email ID	rishabhsharma0130@gmail.com	UAN No Alloted, if any		Aadhaar Number		Employment Details of Employee		Employment:	Regular/Permanent	Terminated from Service	Orally	Notice for Termination given by Management	No	Compensation Given for Termination	No	Indicate Amount		Period of Employment	From: 01/09/2018 To: 30/09/2018	Details of Employer/Principal Employer		Establishment Name:	Asdadads	Address of Communication	Adsada Dsadasa Dsadasa Dsadasa, Delhi New Delhi, Delhi-110011	Email ID Of Establishment		Mobile No Of HR Manager/Head Of Establishment	9555344206	Documents Uploaded		• Appointment Type	
Type Of Dispute :	Retrenchment																																																									
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Name:	Rishabh																																																									
Date Of Birth:	01/09/2001																																																									
Name of Father/Husband/Guradian	Nbmbmbmb																																																									
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Residential Address	Bmbmbmbmbmb, Bmbmbmbmb, New Delhi, Delhi-110011																																																									
Mobile No	9555344206																																																									
Email ID	rishabhsharma0130@gmail.com																																																									
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Employment:	Regular/Permanent																																																									
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Documents Uploaded																																																										
• Appointment Type																																																										

Submit Edit



On final submission of forms, an ID is generated as shown below, Also sms and email sent including the ID and other details.

JUSTICE TO WORKMAN MADE SIMPLE, EASY & QUICK
Proforma for Industrial Disputes Online
(Case will be rejected for any false information & Action under IPC will be taken)
Application Id: 300018668 (02-12-2022)

PART-I FILLED BY APPLICANT

Details filled by Applicant	
Applicant 1	
Name:	Rohit Kumar
Designation:	Rohit Kumar

Track Dispute

To track the status of dispute/Claims/General Complaints, you can click on the respective options below in which you want to check the status.

Applications Status Dashboard

✓ Welcome Preeti Singh ×

+ New Application

2

Disputes Submitted

More info ↗

16

Claims Submitted

More info ↗

0

General Complaints Submitted

More info ↗

5

Draft

More info ↗


A list is appeared on the screen as shown below-

My Applications/Industrial Disputes/Claims/General Complaints Status

Back

+ New Application

Search:


S.No	Application Id (Date)	Applicant	Application Against	Application Status
1	300018630 (29/11/2022)	svafvasvk	svafvasvk svafvasvk, East, Delhi-123456	Draft
2	300018628 (29/11/2022)	sfgn	sfgn sfgn, New Delhi, Delhi-123456	Draft
3	300018627 (29/11/2022)	dssA	dssA dssA, South East, Delhi-123456	Draft
4	300018626 (29/11/2022)	jhdbsb	dqwewqe Dfgg, South Goa, Goa-453535	Draft
5	300018625 (29/11/2022)	Rohit	Rohit Rohit, New Delhi, Delhi-123456	Draft
6	300018620 (28/11/2022)	sadas	dsaadass Asdad, Begusarai, Bihar-453535	Draft
7	300018618 (25/11/2022)	ssdsdsa	sadad Dssad, North West, Delhi-432424	Draft

S.No	Application Id (Date)	Applicant	Application Against	Application Status
------	-----------------------	-----------	---------------------	--------------------

(Option is available to workman to go to CGIT directly after the expiry of 45 days from the date has submitted the application online for conciliation of the dispute. Upon exercising the option, the case will be dealt by CGIT and conciliation proceedings will be generated as per Section 'Section 2-A'[(2) of the ID Act. As per Section 2-A(3) of the Act, the option is available before the expiry of three years from the date of discharge, dismissal,retrenchment or otherwise termination of service as specified in sub-section(1).)
 (निधि से 45 दिनों की समाप्ति के बाद सीधे सीजीआईटी जाने के लिए काम करने के लिए विकल्प उपलब्ध है। विवाद सुलह के लिए ऑनलाइन आवेदन प्रस्तुत किया गया है। व

- 1- On clicking on application ID, the details of the form filled will be shown.
- 2- On clicking on Draft, the form will be open, applicant can also update the form and finally submit it.

Separately, by clicking on Disputes submitted, Claims submitted, and General complaints submitted user can also view their status by clicking on the application ID's.