

## **FORM- IX**

**[see rules 29, 31 and 33]**

**[APPLICATION FOR PERMISSION OF LAY-OFF/CONTINUATION OF LAY-OFF/RETRENCHMENT/ CLOSURE TO BE GIVEN BY AN EMPLOYER/ INDUSTRIAL ESTABLISHMENT/ UNDERTAKING TO THE STATE GOVERNMENT UNDER THE PROVISIONS OF CHAPTER X OF THE INDUSTRIAL RELATIONS CODE, 2020 AND RULES MADE THERE UNDER]**

(To be submitted online. In case of exigencies on paper in the prescribed format below)

Name of Industrial Establishment or Undertaking or Employer.....

Labour Identification Number.....

Dated.....

(Note: The application to the State Government shall be served as indicated below: Lay-off: at least 15 days before the intended Lay-off

Continuation of Lay-off—at least 15 days before the expiry of earlier Lay-off Retrenchment – at least 60 days before the intended date of Retrenchment Closure – at least 90 days before the intended date of Closure)

To,

The Secretary to the State Government,  
Labour and Employment Department, Gandhi nagar, Gujarat

1. \*(Lay-off) (a). Under section 78(2) of the Industrial Relations Code, 2020, I\*/we\* here by apply for—permission to lay-off.....workers\*\* out of total of.....workers\*\*  
Employed in my\*/our\* establishment (details to be given in Annex-I) with effect from.....(DD/MM/YYYY).

or

\*(Retrenchment) (c) Under section 79(2) of the Industrial Relations Code, 2020, I\*/we\* here by apply for permission for intended retrenchment of.....workers out of total of.....workers\*\* employed in my\*/our\* establishment (details to be given in Annex-I) with effect from.....(DD/MM/YYYY).

or

\*(Closure)(d) Under section 80(1) of the Industrial Relations Code, 2020, I/we\* here by inform you that I\*/we\* intended to close down the undertaking (name of the industrial establishment or undertaking or employer)(details to be given in Annex-1) with effect from.....(DD/MM/YYYY). The number of workers whose services would be terminated on account of the closure of the under taking is .....(number of workers)

2. \*(Lay-off/Continuation of Lay-off) the worker(s) concerned were given on.....(DD/MM/YYYY) notice in writing as required under section 78(2)\* of this Code.

or

\*(Retrenchment/Closure) the worker(s) concerned were give non.....(DD/MM/YYYY) one month's notice in writing as required under section 79\*/section 80\* of this Code.

Or

\*(Retrenchment/Closure) The worker(s) have been given on.....(DD/MM/YYYY) one month's pay in lieu of notice as required under section 79\*/section 80\* of this Code.

3. The details of affected worker(s) are at Annexure II.
4. (Retrenchment) I\*/we\* hereby declare that the workers concerned will be retrenched in compliance to the Section

71 and section 72 of this Code.

5. \*I/We\* hereby declare that the worker(s) concerned have been\*/will be\* paid all the dues and compensation due to them under section 67, read with section 78 (10)\*/section79\*/section 80\* of this Code before or on the expiry of the notice period.

Or

\*I/We hereby state that currently Insolvency proceedings are on in respect of the saidIndustrial Establishment/Undertaking/Employer, and that I\*/we\* will pay all the dues along with the compensation due to them under concerned laws.

6. I/ we\* hereby declare that no court case is pending before any Court in the matter, and if yes, the details there of have been Annexed.

7. I/ we hereby declare that the above information given by me/ us\* in this notice and enclosures is/ are\* true, I/ we am/ are solely responsible for its accuracy and no facts/ materials has been suppressed in the matter.

The permission sought for may please be granted.

Yours faithfully,

(Name of Employer/ \*\*\*Authorized Representative with Seal)

(\*Strike off which is not applicable.)

(\*\*Indicate number in figures and word both)

(\*\*\*Copy of Authorization letter issued by the employer shall be enclosed)

**ANNEXURE I****(Please give replies against each item)**

|   |                                                                                                                                                                                                                                                                                                                   |               |
|---|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| 1 | Name of the under taking with complete postal address, email, Mobile and land line.                                                                                                                                                                                                                               |               |
| 2 | Status of undertaking—<br>Whether State public sector/State public sector/etc.,<br>Whether a private limited company/partnership firm/partnership firm<br>(ii) Whether the undertaking is Licensed/ registered and if so, name of licensing/ registration authority and license/registration certificate numbers. |               |
| 3 | (a) MCA Number                                                                                                                                                                                                                                                                                                    |               |
|   | (b) GSTN Number                                                                                                                                                                                                                                                                                                   |               |
| 4 | Annual production, item wise for preceding three years- Production figures, month-wise, for the preceding twelve months,                                                                                                                                                                                          |               |
| 5 | Audit report of establishment/undertaking including Balance sheets, profit and loss accounts for the last three years.                                                                                                                                                                                            | To be annexed |
| 6 | Names of the inter-connected companies or companies under the same management.                                                                                                                                                                                                                                    |               |
| 7 | Details of lay-off/ Retrenchment resorted to in the last three years including the periods of such lay-offs/ Retrenchment the number of work men involved in each such lay-off/ Retrenchment / continuation of lay off                                                                                            |               |
| 8 | Any other relevant details which have bearing on lay-off/continuation of lay off/ retrenchment/closure.                                                                                                                                                                                                           |               |

**ANNEXURE II****(Details of affected workers)**

| Sl. No | UAN/ CMPFO | Name of the Worker | Category (Highly Skilled / Skilled/ Semi-skilled / Unskilled) | Date from which in service in/with the said establishment / Undertaking/ Employer | Wage on date of Application | Remark |
|--------|------------|--------------------|---------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------|--------|
| 1      |            |                    |                                                               |                                                                                   |                             |        |
| 2      |            |                    |                                                               |                                                                                   |                             |        |
| 3      |            |                    |                                                               |                                                                                   |                             |        |