

FORM - Application Form to do Annual Filing under Factories Act 1948

(FORM AR)

General Instructions

Factories Department functions under the administrative control of the Principal Secretary, Labour, Employment, Training and Factories Department, Government of Andhra Pradesh. The Factories Department is a regulatory Department to ensure safety, health and welfare of workers employed in the factories registered under the Factories Act and AP Factory Rules 1950. The major functions of the Factories Department are given below:

1. Implementation of Factories Act other allied Acts and relevant rules applicable to the factories.
2. Approval of plans of new factories and extensions, additional installations in case of existing factories covered under Factories Act.
3. Registration and issue of licenses to the factories.
4. Enquire into fatal accidents/dangerous occurrences/serious accidents.
5. Enquire into complaints relating to non-compliance of the provisions of the Act and Rules.
6. Inspection of identified factories.
7. Monitoring of emergency preparedness and response in Major Accident Hazardous Factories

Director of Factories is the Head of Department and is assisted with 3 Joint Chief Inspector of Factories (Jt.CIF), 1 Inspector of Factories (IF) and 1 Deputy Chief Inspector of Factories (Dy.CIF) at the Directorate level. There are 1 Jt.CIF and 13 Dy.CIF's at the regional level and 37 Inspector of Factories (IF) at the district level.

The electronic form (e-Form) can be downloaded from service landing page to your computer and can be filled offline. You will require internet connection only while downloading the e-Form and while submitting the completed e-Form on the eBiz website.

If you had chosen "Download Prefilled Form" option while downloading the e-Form, then, some fields may already come with pre-filled data. You may change this data if you wish.

As you progress completing the e-Form, you may save the form as many times as you wish, just like any other document. Saving the document helps you to check if there are any errors in the data that you have already entered. In case of errors, the form will show an error message and a  mark will be shown above the respective field. You may

correct the data and save the form once again to clear the error.

Every field in the electronic form has associated help text. On placing the mouse cursor over a field, a tooltip will pop-up describing the type of data and valid values that it can accept. A small note is also displayed for some of the fields indicating the constraints in the input values.

Fields marked with * are mandatory and should be filled in before a form can be submitted on e-Biz portal. You may not be able to leave some of the fields blank in the e-Form. In case you wish not to enter data in a field, please input "NA" if it is a text/description field or a 0, if it is a numeric field.

Some of the fields can accept multiple values. If you have to furnish more than one item or service, you may use the  button to add more rows. Similarly, if you want to remove a row, you may use  button.

Your electronic application form can also embed documents in digital format as documentary evidences to be used by department for verification. You may click on  button to choose the document file to upload. Clicking on  button will remove the attached document from the electronic form.

The "Other Attachment(s)" section on the e-Form can be used for communicating to the department, when department asks for clarification or requests for further documentary evidences.

"Physical Documents Submission" section gives information about documentary evidences which need to be submitted to department in physical form. Submission to department can be done either in person or can be done through post or courier by mentioning the E-Biz number for reference.

The e-form needs to be digitally signed using a digital signature by the applicant. Upon signing, it will prompt applicant to save the e-Form. If applicant wishes to make any modifications to an already signed e-Form, right-clicking on the signature field and choosing "Clear signature" will enable editing of form and any modifications can be made to the form.

The signed form can now be uploaded on to e-Biz portal using "Submit Form" link on the e-Biz web site.

Field instructions

1. Enter the registration number of the plan.
2. Enter the name of the factory or

Instructions to fill Application Form to do Annual Filing under Factories Act, 1948 and AP Factory Rules 1950

- establishment
- 3 Enter the address of the factory or establishment
- 4 Enter the name and residential address of the occupier. 17
- 5 Enter the name and residential address of the manager.
- 6 Enter the ESI Employer's code, if any.
- 7 Enter MSME registration number, if any.
- 8 Enter the nature of the industry and products manufactured or services provided.
- 9 Enter the total number of days worked in the year.
- 10 Enter the details of hours worked in the year based on the category –Adult men/women/Children given for: 18
- A The number of man days worked for regular, casual and contract workers.
- B The Average number employed for regular, casual and contract workers.
- C The Total man hours worked on over time for regular, casual and contract workers.
- D The total amount of OT wages paid for regular, casual and contract workers.
- 11 Select the appropriate option of your factory falling under factories carrying out any process or operation declared as dangerous under section 87.
- 12 Enter the details of total salary/wages paid to the employees in case each is drawing more than Rs 10000
- 13 Enter the total amount of bonus paid and the percentage of it paid.
- 14 Enter the total amount of welfare fund contributed
- 15 Select the appropriate category of facilitates provided/established as per factories ACT.
- 16 Enter The following details.
- A Total number of fatal accidents
- B Total number of non-fatal accidents
- C Man days lost due to non-fatal accidents
- D Noticeable disease as per Sec 89 and Rule
- 97
- E Dangerous Occurrences(toxic releases, fire etc. without injury to person)
- Enter The following details.
- A Number of cases Maternity benefit claimed/paid (Maternity Benefit in case of women not cover under ESI)
- B Number of cases Medical Bonus claimed/paid.
- C Number of cases leave for Miscarriage applied/granted.
- D Number of cases additional leave for Illness applied/granted.
- E Total Amount of Maternity benefit paid.
- Enter The following details.
- A Number of Workers who were entitled to annual leave with the wages during the year.
- B Number of Workers who were allowed to annual leave with the wages during the year.
- C Total amount paid towards annual leave with wages encashment.
- Other Attachment(s)**
- If you wish to attach any document, Please specify the name of attachment in "Attachment-Name" field, and then attach the document using  button. Please use  button to add more attachments and  button to delete any of the attachments. If you are not able to submit the attachment here, the same can be sent to the department in person/by post/courier by quoting the E-Biz number for reference. Please refer to the office routing details section for address details.
- Verification**
- Enter the following details in this section:
- I. Digital signature of the Occupier/Manager
- II. Date of signing the electronic form
Digital Signature of the Applicant
- Physical Attachments**
- There are no physical attachments that need to be submitted for this service.

Office Routing details:

Link: [Factory Filing-Office Routing details.xlsx](#)

Appendix

1. Kindly fill complete and correct information in relevant fields in the Application Form.
2. Applicant will be solely responsible for incomplete or incorrect information.