



**KALRA HOSPITAL DWARKA**  
(A UNIT OF KALRA HOSPITAL SRCNC PVT. LTD.)  
No. 3A, 25, 26, Sewak Park Extn., Uttam Nagar,  
New Delhi - 110059, Near Dwarka Mod, Metro Pillar No.- 761  
Phone : 011-25355545, 25355546, 9315677206  
www.kalrahospital.net  
CIN : U85100DL2011PTC216737

**Self-declaration/ Undertaking by Principal Employer**  
**For Grant /Amendment of Registration Certificate**  
**under Contract Labour (R&A) Act, 1970 and rules made thereunder.**

I **DR. R.N. KALRA** S/o Late Sh. T.D. KALRA aged 70 years Prop./ Partner/ MD/HOD/CEO (as the case may be) of M/s KALRA HOSPITAL DWARKA( A Unit of Kalra Hospital SRCNC Pvt. Ltd.) having official Address: Dwarka Mor, Opposite Pillar No. 761, Uttam Nagar, New Delhi-110059... (address of Principal Employer (PE) Establishment) do hereby state/ declare that I am not a minor and or of unsound mind and or un-discharged insolvent and or has been convicted during last five years for an offence which in the opinion of Govt. involves moral turpitude. I am competent/ authorized vide board resolution dated Not applicable ( A Copy Memorandum of Association and Articles of Association is enclosed., to furnish the self-declaration/ undertaking that:-

1. I am the Principal Employer of the establishment and an independent legal entity under the provisions of the Contract Labour (Regulation & Abolition) Act, 1970 and rules made thereunder.
2. My/ our establishment is registered under the Delhi Shops and Establishment Act, 1954/ Factories Act, 1948 vide Registration No Not Applicable  
( Registered under Directorate General of Health Services (Govt. of NCT), Karkardooma having Registration Number: DGHS/NH/1436 Valid till 31st March 2020 ( Registered for 50 Beds)
3. My/ our establishment entered into an agreement with the Contractor's establishment/s for providing contractual workers to carry out the work in my/our establishment, for the period as shown in application for amendment /Form-I for grant of registration certificate for which Form -V/ letter of extension has been issued by P.E.



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4. My/our establishment shall ensure that all contractors engaged, shall obtain license as required under the provisions of the Contract Labour (R&A) Act, 1970 and rules made thereunder.
5. My/ our establishment has not employed any worker/s through contractor to perform the same or similar kind of work which is being/ shall be performed by the regular worker/s
6. of the establishment. And if so, there is/ shall be no violation of Rule-25 (2) (v) of the Rules and in case of violation, I shall be fully responsible for the same.
7. I undertake that every worker employed/ shall be employed by my/our establishment through contractor, are being/shall be paid not less than the minimum rates of wages fixed for their categories of employment from time to time by the Govt. of NCT of Delhi under the Minimum Wages Act, 1948 including overtime/weekly off, etc. and the same is/ shall be paid through the account payee cheque/ ECS/ Bank Transfer. The payment of wages shall be ensured in the presence of authorized representative of my/ our establishment and shall be duly verified as required under rule 72 & 73 of the Rules.
8. I shall ensure that every eligible worker is covered under the provisions of ESI and EPF Acts and shall deposit the statutory deductions in timely manner.
9. I shall not employ any minor/ child/ bonded labour and shall comply with the provisions of the respective legislations.

I affirm that my/ our establishment shall comply with all the above stated declaration and in case of non-compliance the management's Prop./ Partner/s/ M.D./Directors of the establishment, apart from revocation of the Registration Certificate, shall also be liable to penal action as per the provisions of I.P.C. The details of Prop./ Partner/s/ M.D./Directors, is/are furnished here under:-

*P. S. R.*



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Sr. No.	Name	Father's name	Designation /Position	Address	I.D. Proof*
1	Dr. R.N. KALRA	T.D. KALRA	Medical Director	A-77, Kirti Nagar, New Delhi-110015	Aadhaar card No 429530573221

\*Only Aadhar Card/ Passport/ PAN Number/ Voter ID are acceptable as I.D. Proof.

(Please add additional sheet if required)

**Verification as under:-**

- (i) That the above declarations and information furnished by me are correct to the best of my knowledge and belief and nothing has been concealed in any manner whatsoever.
- (ii) If any information/ undertaking furnished by me is found to be incorrect/ false, in that event I shall be liable for the penal action as provided under the provisions of Contract Labour (R&A) Act, 1970, I.P.C. and other relevant laws.
- (iii) I shall be personally liable and responsible for all acts of omission and commission.

Date:

13 | 05 | 2019

Signature:

Dr. R.N. Kalra  
..... Medical Director

Name of the Authorized Representative of Establishment.  
Company Seal

A-6, KIRTI NAGAR,  
NEW DELHI-110015

Place: \_\_\_\_\_