**Form K2**

**Recovery Of Moneys Due From Employer**

*[Rule 62(1)]*

*Application by a person authorised by a workman or by the assignee or heir of a deceased workman under sub-section (1) of section 33C of the Industrial Disputes Act, 1947*

To

(i) The Secretary to the Govt.of India, Ministry of Labour and Employment, New Delhi.

(ii) The Regional Labour Commissioner (Central),\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of the region)

Sir,

I Sh./Smt./Kumari \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have to state that Sh./Smt./Kumari \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is/was entitled to receive from M/s.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ a sum of Rs.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on account of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ under the provisions of Chapter V-A/Chapter V-B of the Industrial Disputes Act, 1947/in terms of the award dated the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ given by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in terms of the settlement dated the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ arrived at between the said M/s \_\_\_\_\_\_\_\_\_\_ and their workmen through \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ the duly elected representatives.

I further state that I served the management with a demand notice by registered post on \_\_\_\_\_\_\_\_\_\_ for the said amount which the management has neither paid nor offered to pay to me even though a fortnight has since elapsed. The details of the amount have been mentioned in the statement hereto annexed.

I request that the said sum may kindly be recovered from the management under sub-section (1) of section 33C of the Industrial Disputes Act, 1947, and paid to me as early as possible.

I have been duly authorised in writing by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of the workman) to make this application and to receive the payment of the aforesaid amount due to him.

I am the assignee/heir of the deceased workman and am entitled to receive the payment of the aforesaid amount due to him.

Station \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of the applicant \_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ANNEXURE

(Indicate the details of the amount claimed)