

(To be submitted in triplicate)

**HIGH COMMISSION OF INDIA, KUALA LUMPUR**  
**E M I FORM**

To : The Protector Emigrants : Bombay / Delhi / Calcutta / Chennai /  
Trivandrum /  
Ernakulam / Chandigarh

Sir,

Under Section 16 of the Indian Emigration Act, 1983, I apply for permission to engage or assist to emigrate workers for employment as under :

**Details about the Employer**

The particulars required under the law are given below :

1. (a) Name of the Applicant (Employer) :
- (b) Father's name :
- (c) Profession or Occupation :
- (d) Business address in Malaysia with POSKOD :
- (e) Residential address in Malaysia with POSKOD :
- (f) Telephone Number  
Landline :  
Handphone :
- (g) Identity card/Passport details :

**Details about the employee**

2. (a) Name of the person proposed to employed :
- (b) Father's name :
- (c) Age :
- (d) Occupation :
- (e) Passport number and date and place of issue:
- (f) Permanent residential address in India with Pincode:
- (g) Telephone numbers in India :  
Landline :  
Mobile :
- (h) Person to be contacted in emergency :  
Address :
- Telephone numbers :
- (i) Next of kin and legal nominee/heir :

3. Nature of the work for which the person is employed (detailed description) :
4. The terms of agreement such as :
  - (a) Period of Employment in months :
  - (b) Pay per month :
  - (c) Details of free accommodation with address :
  - (d) Food allowance provision :
  - (e) Whether special uniform/footwear is mandatory at work for the employee? If yes, whether being provided by employer? :
  - (f) Leave (in compliance with local labour laws) :
  - (g) Overtime Allowance (beyond normal work (per hour):
  - (h) Other Allowances if any in compliance With local labour laws :
5. The provision of medical aid by employer :
  - (a) In case of illness :
  - (b) In case of injury :
  - (c) In case of hospitalization :
6. The security which the employer proposes to deposit with Protector for the observance of the contract :
7. The cost of passage from the place of residence in India to the place of work in Malaysia :
8. Mission's contact Number :(00-603-62052350/431&432
9. Helpline Phone Number : (00-603-61431193)

### DECLARATION

I declare that no application has ever been made in respect of the worker mentioned in this application either by me or any agents to any other Protector of Emigrants in India.

Place :  
Date :

Signature of the applicant (Employer)

I accept the above terms

(Signature of the person engaged)