

CONTRACTOR GATEPASS

For Contractor:

Step-1

no-reply@jindalsteel.com to me, monalisha.pradhan, hrcompliance.ang, gatepassclms.ang, sumit.budhwar 👻	11:11 (4 hours ago)	☆	٢	¢
STEEL & POWER	K.	E		
Dear Ms / MrDibyajyoti Parida				
This is to confirm you that you have been awarded with WO No- 4561549140 for 40 No.of Wor	kers by our organiz	ation.		
Please Visit the Below Link to access the Portal.				
Please Use the below Credentials for Accesssing the Portal .				
UserName: monalisha.ritu@gmail.com				
Password : bNZ2/n				

Post login landed on the Vendor Dashboard and user can fill the below details as per requirement.

Contractor Gate Pass Dashboard





Click on this Icon Button to fill all the worker Details.

Tot	al Work Order Enrolled	2		Recent Work	2 order		Approve	d		Pending	1
Dashboard Work Order	Approved			Click	On The "Action	lcon" Presen	t at bottom Rig	ht Corner			
Work Order No	o. Co	ntractor Name		From Date dd/mm/y		To Date dd/mm	ı/yyyy	٩			
bours Covered	Requested Man Power	Validity From	Validity To	Date of Expiry	Issuing date of LC	EC Policy No.	PF Code	ESIC Code	Labour Licence No	Pending With	View Details
	15	20/06/2024	31/10/2024	17/07/2024	12/06/2024	87678987 🖶	i87654324BF/789	765432456789	234567 🕎	Appoved By JSPL	
	20	16/01/2024	31/10/2024							Contractor Communicated	

Contractor Gate Pass Edit Dashboard:-

Contractor Details					Bac
ame of Contractor	Vendor Code *	Office Address *	Work Order No.	Validity From	Validity To
POWER PLANT ENGINEERS LII			3561504702	2024-01-16	2024-10-31
ature of Job	Validity of insurance	Contact No. of site Incharge *	Email Id Of Contrator	EC Policy No.	EC Policy
0 & M 🗸 🗸	dd/mm/yyyy		monalisha.ritu@gmail.com		Choose file No file choser
Code *	ESIC Code	*	Labour Licence No	Labours Lic.	Max. No of Labours Covered
Choose	file Noosen	Choose file No file chosen		Choose file No file chosen	40
equested Man Power *		Date of Expiry	Issuing date of LC		
20		dd/mm/yyyy	dd/mm/yyyy		

• User can edit the Request.

(<u>1) Map Worker Details></u>	(Aadhar Card Or TIC/ ESI Uplo	ading is mandatory)			Bulk Upload Add New
Name of Associates *	Father's Name *	Date of Birth * dd/mm/yyyy	Blood Group	Gender *	
Aadhar Card No Invalid Aadhar No*	Aadhar Card File * Choose file No file chosen	Marital Status *	Religion *	If Married No. of Children	Caste *
Edu. Qualification *	Bank A/C. No.	Bank Name	Name of VaccineSelect	Vaccination for Covid-19Select	Vaccination for Covid-19 File Choose file No file chosen
1st Dose Date dd/mm/yyyy	2nd Dose Date dd/mm/yyyy	Please enter 10 digit number* Emergency Cont. Person No.	Mobile No.Please enter 10 digit number*	Place of Origin *	Covered under ESIC *
Present Address					
Vill/At *	Thesil/PS *	Post office *	Street *	District *	State * Invalid* Pin Code
Permanent Address					Same As Present
Vill/At *	Thesil/PS *	Post office *	Street *	District *	State * Invalid* Pin Code



Name of Associates *	Father's Name *	Date of Birth *	Blood Group	Gender *		
		dd/mm/yyyy		Select		
Aadhar Card No Invalid Aadhar No*	Aadhar Card File *	Marital Status *	Religion *	If Married No. of Children	Caste *	
	Choose file No file chosen	Select 🗸			Select 🗸	
Edu. Qualification *	Bank A/C. No.	Bank Name	Name of Vaccine	✓ Vaccination for Covid-19 ✓Select	Vaccination for Covid-19 File Choose file No file closer	
Ist Dose Date	2nd Dose Date	Please enter 10 digit number*	Mobile NO.Please enter 10 digit number	er* Place of Origin *	Covered under ESIC *	
dd/mm/yyyy	dd/mm/yyyy	Emergency Cont. Person No.			Select	
Present Address						
/ill/At *	Thesil/PS *	Post office *	Street *	District *	State * Inv lid* Pir Code	
Permanent Address					Same As Present	
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All/At *	Thesil/PS *	Post office *	Street *	District *	State * Ivalid* In Code	
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After fill the details then click on Save as draft or Submit button. If click on Submit button then request came to user for approve the request.



k Order					Click Or	n The "Actio	n Icon" Pre	sent at bot	tom Right	Corner				
rk Orde	er No.		ontractor Name		From Date	/	To Da	ate 'mm/yyyy		٩				
eq No.	nistration/2024					Created Date	Validity of insu 27/06/2024	Max.	No of Labour	s Covered Reques	ted Man Power	Validity From		ate of 707/2
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Contractor can view the entire worker's final status.

nding Days	Mobile No	Place of Origin	Aadhar Card	Vaccination for Covid-19	TIC/ ESI Code No	Date of joining	Area of work	Status	Whom to Contact	View Details
	9861093888	ANGUL	678909875521	1st Dose	1234567890 🖶	23/05/2024	angul	Approved by user Approved by bu/hr Approved by gatepass Approved by medical Approved by safety	B	
	9861024560	ANGUL	456789871107	2nd Dose	5678987654 🖶	11/02/2020	Angul	Approved by user Approved by bu/hr Approved by gatepass Approved by medical Approved by safety	B	۲
	9097234567	RAIGARH	789876789969	1st Dose	1234565432 🙀	12/02/2019	Platemill	Approved by user Approved by bu/hr Pending With Gatepass	B	
	9097234567	RAIGARH	789876782221 -	1st Dose	1234565432 🖶	12/02/2019	Platemill	Approved by user Approved by bu/hr Approved by gatepass Approved by medical Approved by safety	B	۲
	9097234567	RAIGARH	789876781120	1st Dose	1234565432 🖶	12/02/2019	Platemill	Approved by user Approved by bu/hr	B	۲