

MULTI-STAKEHOLDER EVENT ON
POLICY AND PRACTICE FOR BETTER WORKING
CONDITIONS IN NATURAL STONE SECTOR



23rd December 2014



VENUE:
CONFERENCE HALL, PATEL BHAWAN, H.C.M.RIPA (OTS),
JLN MARG, JAIPUR, RAJASTHAN



Background and Introduction:

The purpose of the event was to explore the challenges and gaps to arrive at decent working conditions and improve workers' rights in the sandstone sector and, to develop a roadmap for overall developments through a group consultation.

Rajasthan is a hub of sandstone mining. 90% of the country's sandstone production is from the state of Rajasthan. In Rajasthan, sandstone is mainly found in parts of Dholpur, Bharatpur, Karauli, Sawai Madhopur, Bundi, Jhalawar, Kota, Bhilwara, Chittaurgarh, Jaisalmer and Baran districts in eastern Rajasthan and in scattered form in Jodhpur, Nagaur and Bikaner districts of western desert parts. Sandstone means a stone made up of grains of quartz and other minerals of fairly uniform size and often smooth and rounded. A cementing material holds these grains together, which may be siliceous or ferruginous. Silica cemented sandstone is very durable and hard.

The sandstone is being quarried and used from centuries and a number of historical buildings and monuments are made of sandstone such as Buddhist Stupas of Sarnath, Red Fort, Sansad Bhawan, Rashtrapati Bhawan etc. The sandstone is very popular and important because of its regular bedding, uniform grain size, suitable nature and durability. It has been exported to other part of the country as well as to international market including EU, Canada, Japan, and Middle East countries.

However apart from business and livelihood for thousands, it also has a other implications like bonded labour, child labour, monopoly of mine owners, illegal mining and supply chain and severe health issues like Silicosis and TB.

Silicosis is chronic disease of lungs that caused by inhalation of silica dust for long periods of time. Silica is the chief mineral constituent of sand and of many kinds of rock. The silicosis is a form of pneumoconiosis and it occurs commonly in miners, quarry workers, stonecutters, and workers whose jobs involve grinding, sandblasting, polishing and buffing. Silicosis is one of the oldest industrial diseases, having been recognized in knife grinders and potters in the 18th century.

There are many organization working on mine related issues across Rajasthan, however they've rarely had the opportunity to come together to share their views and discuss the solutions. ARAVALI with support of Ethical Trading Initiative (ETI) and other partners have established a forum where all partners can come together to share their issues& concerns and try to find possible solutions. All had one common concern, that there is dire need to identify and address workers' welfare and issues related to mining sector yet at the same time maintain a harmonious balance between the business and the human rights aspects. In this regard, four consultations were organized, where different stakeholders participated. After the four subsequent consultations the forum identified a need to initiating dialogue with a wider scope of stakeholders i.e.

Government departments (Health, Mining, Labour etc.), business partners, mine workers' representatives and trade unions, NGO representatives and others.

ARAVALI and ETI took the responsibility of organizing the state level workshop. The Multi-stakeholder Forum is a shared platform for different stakeholders- corporate, supply chain actors, government and non-government agencies, research & technical institutes, community based organizations, trade unions and other development experts.

Plenary Session:

Mr. Varun welcomed all the participants, facilitators and Chairman of the workshop. He mentioned that in the workshop all the concerned stakeholders were invited including, Government officials, mining companies, exporters, CEO of the company, which exports the stones from India. He welcomed Mr. Devarajan Member RSHRC. Then he requested all speakers to light the candle-diya and do the formal inauguration of the workshop. Followed by that, guests and dignitaries were formally welcomed through providing bouquet.



Presentation on Workers' Voice From Sandstone Quarries by Mr. Vijay Jain, ETI-UK and Mr. Bajrang, Manjari-Bundi

Mr. Vijay and Mr. Bajrang presented findings of the study conducted by ETI, ARAVALI and Manjari. This study was conducted by three different organisations, which was completed in December 2014. As part of the study, interviews and focus group discussions were conducted among workers in sandstone quarries. The objective of the study was to understand concerns and situation of workers working in the mines. The key finding of the study is as follows

- There were no medical services provided by the employers for work related illness or injury, and no periodic health check-ups for workers at work sites were done.
- There was no access to health services in case of emergency. Quarries are located in the remote areas.
- Workers do not receive compensation/relief after accidental death or occupational illness.
- There was no availability of safe drinking water at worksite and in the nearby villages; however quality of water has deteriorated due to mining activities, further deteriorating workers and their family's health.
- The majority of workers do not get any kind of H&S equipment to protect and minimize health & safety risk.

- No identification provided to workers at worksite regarding their employment. Also only limited numbers of workers have other forms of ID.
- The majority of workers are not aware of their principle employer. Workers only deal with their direct contractors and company's *Munshi* (the quarry owner's representative at worksite to keep account of stock and make payments to the contractors)
- The option for negotiation for workers is not available which puts them in debt and changing the contractors is not easy. There are cases of contractors forcefully taking hold of workers land or that of other family members to collect debt.

Presentation and discussion on mineworker's problem and solution by Dr. M.K. Devarajan, Member, RSHRC

Mr. Devarajan mentioned that he is working in this area since last two years; the condition of mineworkers is not good. The Rajasthan Govt. has shown their concern in the area of mine workers and in India they have worked well, however greater efforts and work is needed.



The Rajasthan State Human Right Commission (RSHRC)- formally introduced the issues of health and cases of Silicosis in sand stone mine area of Rajasthan. After this a study

was conducted by NIMH in Karauli in partnership with ARAVALI and DVS and presented their findings to State and Central Government, and with their efforts. Since last two year thousands of cases were identified by voluntary organisation in Rajasthan.

Compare to other states, RSHRC taking this issue in a much focused way. The mine owner's role in welfare of mine workers is very crucial and important and if they want, they can prevent exacerbating health issues, such as silicosis, by implementing preventive measures at mines for mine workers. Small mines, which make up the majority of mines in Rajasthan, are not following regulations and good practice.

- No wet drilling done
- No mask or protective gear given
- No manager appointed
- No blaster appointed
- No medical examination
- No employment/attendance record
- No facilities for workers
- No registration of mine with DGMS

The registration of Mine workers should be done and details of the owners should be available and checked on regular basis however most of the

time this is not done. The owners of mine should inform to the district collector's before initiating mines operations, however they do not follow the rules and regulations. As informed DGMS has their own limitation of their inspections; as there are many mines in particular districts.

- Mr. Devarajan said that since many days the information about the silicosis is getting attention and media is focusing on it. The Hon'ble Chief Minister and Health Minister of GoR showed their concern in this area and conducted meetings with major departments and provided some directions. The Government official and Ministers have shown their interest and are sensitive to these issues, so there is scope for better condition of mine workers.
- Mr. Devarajan also shared his concern in relation with mine allotment with Department of Mines and Geology and enforcement of laws and regulations related to health and safety by DGMS. Most of the time, the licences were given very casually and the rules which need to be followed for operationalization of the mine are not followed.
- Mr. Devarajan suggested that DGMS do not have adequate resources and there is need to increase it. The DGMS needs to give strong message to mine owners. The mine workers should get an identity card by mine owners, so that they will get compensations, health facilities etc. The DGMS should cancel the licence of mines, if the mine owners are not following the rules and regulation. The Supreme Court has directed to develop Regional clusters the clusters should be registered, so that they can be a registered entity and help in implementation of safety measures and compliance of legal provision.

Discussion by Sh. R. K. Nalwaya ADM, Mines & Geology Department, Govt. of Rajasthan

Dr. R. K. Nalwaya thanked all the participants and mentioned that the issues mentioned by Mr. Devarajan are right and he will provide overview of Govt.'s role and activities. Mines provide employment and revenue. The mine owners should be careful while providing the services to workers. In Govt. also there are separate departments and each has specific role and responsibility. The lists that include information regarding mine registration details are usually shared with DGMS and the same list is available to anyone on Internet. However the DGMS has very few staff and resources and they find it difficult to monitor and visit each and every mine. Many times the labours are also not concerned and don't follow the rules. In most of the cases they are not aware about their own safety rights and role so creates more difficulties. He mentioned that there is immediate need of giving the identity card to labourers. However the labours that are working in the mines are not registered anywhere so first all workers need to be registered by the employers.

In Rajasthan many mines are available and across the country, Rajasthan is leading in number of mines. He also mentioned that silicosis cases that are identified and mentioned need to be seen thoroughly. The suggestions given by Mr. Devarajan can be adopted and the awareness can be done by street theatre

or using other communication ways. The mine licences that are granted and issued, about the processes all are aware about it. Then he mentioned that Govt. provides compensation of 1 to 3 lakhs is given to ill person. There is a constant effort by Govt. authority to provide the facilities and services.

The Workers and participating NGOs raise following concerns:

- The villages near by mines are also affected and labourers are not receiving proper compensations.
- The mines owners do not follow the area allotted and most of the time they go to private and other lands.

Dr. Nalwaya also shared that Mines department conducted health check-up camps and they checked 2.5 lakhs workers. However, there were no single case of silicosis were identified.

Then Dr. Devarajan said that mine workers who have worked in the mines for ten years have to go under health check-up while includes chest X-ray. In blasting cases the nearby area also get affected, sometimes cases of deaths also found. In this cases there is need to file a complaint in police station. The details of group insurance is not available, the medical check-up has not done properly. The security mask and gloves that needs to be provided and required by workers are not provided.

Mr. Bram Callewier Business Community Member from Belgium

Mr. Bram was requested to share his views; his company is a natural stone provider. The company started by his father, they are buying the stones since last 20 years. They have about 100 employees. They roughly buy 12.5 million euro from India.

He mentioned that in whole supply chain India is very crucial and important for them. As a family business they usually think about long-term perspective and plans. They always try to think about the workers and rest all crucial competitors. He mentioned that he has visited many mines and factories of Rajasthan and have seen the condition of the workers. Many times he has shared his concerns as they sale the end product outside India. He mentioned that he found mine worker's condition is unjustifiable and not good. It is big risk for mining companies also if the people are dying and having health issues and if the Govt. of Europe came across to this scenario then they will implement a ban on buying the stones. The media has also started taking and showing their concern and scrutinising the areas. All rules and requirements, which seem technical but legally required, should be enforced. If the condition



will not improve immediately then they will not be able to buy the product. As company's chairman, we need all help in improving the condition of workers and supply chain too. The organisation Manjiri, ARAVALI, ETI came together and started working for better future and slowly conditions of mine workers are improving and we can make things happen.

At the end he suggested to NGO's that there are business people who need their help and expertise, so while working with mine workers they should give a space to them too. He suggested to Govt. that Govt. should take the suggestions in positive manner and start working effectively. And the mind owner's should think about the workers as in the long term their business would get long-term benefits.

Session 1 :Health issues and challenges:

Case study by Dr.Vikas Bhardwaj, Daang Vikas Sansthan, Karauli

This organisation is registered in 2003. The goal of the organization is to work with most neglected and affected area and people. Dang Vikas Sansthan has been working with Family Livelihood Resource Centre approach evolved by ARAVALI, in 18 villages under 6 gram panchayats in the Karauli block of the Karauli district of Rajasthan with support of ARAVALI. Dr. Vikas presented prevalence of Silicosis of five districts. As per latest report 409 cases were referred by National Institute for Miners Health ,Nagpur and 278 were identified and by TB officer's 443 were referred out of which 145 were identified. He also mentioned that initially the results were not acceptable as data is very shocking for everyone. So they confirmed it with the help of NIMH.



Apart from this many workers were not able to avail health check up. The workers are not able to get proper health facilities by state government . The challenges are health facilities are not accessible at remote meaning areas, as the adequate resources is not available to spread across all corners of districts.

Occupational Health issues of workers in sandstone quarries, Dr.Virendra Singh, Former Superintendent, SMS Hospital

Dr.Virendra Singh mentioned that at various tourist places we see beautiful and pretty items made by stones, most of the times we remembered the king or the person who has given the money and took initiatives but no one think about the worker who worked for the particular piece. Then he mentioned that most essential things for the life is air, food etc. we always fail to give importance and

attention. As per occupational health there are certain criteria to work and take care, however due to work pressure individual get introduced (smoking, dust and cooking) and prone by other illness like Silicosis, TB and Chronic Obstructive Pulmonary Disease (COPD).However these infections and illness can be identified at early stage and for that mineworkers need to adapt basic things like



- Safe mining and stone work-providing necessary equipment's and mask to mineworkers
- Early detection of disease-symptoms through health check-up. X-ray should be done each and every individuals, and then only will able to identify the cases.
- Reporting of disease – there is also need to educate the Doctors to refer the patients who has symptoms of the silicosis. And each doctor should be well informed about the competent authority for reporting the notified cases.

Dr.Virendra Singh also mentioned that we can train Doctors to detect Silicosis.

Presentation and discussion on Detection of Silicosisby Dr. M.K. Devarajan,Member, RSHRC

Dr. M.K. Devarajan mentioned that detection of Silicosis has mostly done due to NGOs efforts. The NGO's who are working in the field have done the check up with the help of Govt and NHR. However the same kind of work can be done in other areas. Government have received funds for purchasing the machines like X-ray machine however the funds are not used properly. The funds are also allotted to purchase medical van for identification and check up of silicosis but the Got official have not purchased single van. TheDoctor's are not trained in Pneumoconiosis. The training institutes are located in Ahmedabad and Nagpur but Doctor's have not received the training. And due to this most of the time Doctor's bound to give the treatment of TB to Silicosis patients that is ethically wrong and patient may die. The experts are also available in Rajasthan however their assistance is not taken and welcomed by Doctors.

Then he provide following suggestions

- Rajasthan state needs to launch a Pneumoconiosis control program and training of paramedical and medical officer's so that the detection can be done.
- There is need of involvements of village level workers, medical and other departments in detection of silicosis.
- Minister has initiated district level boards however the same need to established and start functioning.

- In death cases, post mortem examination should be done so that the root cause of the death will be revealed and future plan can be worked on.
- Some of the organisations like ARAVALI doing Information Education and Communication (IEC) campaign, however they have their own limitations. The state Govt can adopt the ICE activities across all mine areas.
- There is need to tie up with National Rural Health Mission (NRHM) for detecting and treating Silicosis.

Session 2 : Workers issues in supply chain :

Migration a case study on mine workers by Abhay, Graminevam Samajik Vikas Sansthan, Ajmer :

GSVS is working since 2001 for undeveloped areas. For mine workers they are working in Bhilwara district Rajasthan. There are 149 big mines (25 Bigha) and 1364 block mines, around one-lakh mine workers are present in this area. He mentioned that around 60% workers are working in the mines and their number is 50,000. The workers come from neighbouring districts and states. This migration has history of 30 years. The challenges faced by workers across all mines are as follows



- Security efforts and tools are not available
- First aid facilities
- Unavailability of Bank and insurance
- Less concern and security (the migrants come at very young age and work for 25-29 years)
- No house/home facilities and no sanitary and water facilities

The organisation has distributed around 2128 identity cards to mine workers. The same cards are also available if they are moving from one mine to another. The information about health facility is mentioned behind the card. Apart from this they are also distributing the diary to workers so that the details about the work and money can be mentioned. They have also provided accident policy to 308 workers. The bank account for 185 was open by organisation and they are also organising the camp in which sensitization and discussion about rules and laws done with mine workers.

He suggested forming of welfare board for mine workers, which can address mine worker's issues like health, policy, children etc. this will also benefit the identification and registration of workers. There is need of regular check up of

mineworkers and discussing the issue of Silicosis within their working time and place. The radio can be adapted for this issue as it is used across all mines.

Then he presented a case of one mine worker, who got hurt while working in mine, the NGO allotted had given him card and when he got hurt the NGO done a advocacy with mine owners and pressurise him to provide medical facility and assistance and due to this advocacy that patient received a care and compensation too.

Workers' voice Worker Representative, by Prabhu Dayal, President Khan Majdoor Suraksha Sangthan, Karauli

The union formed in 2012 in Karauli district Rajasthan. The objective of the union is to work towards betterment of the workers working in the mines. There are around 23000 workers got registered and attached with union. The workers are not aware about their own rights and stays in very poor working condition. The union receives regular cooperation from the many organisations. They have conducted medical check-up of 3000 people and they have also received support from state government.



The mine owners and Government gets benefits and they fail to understand the condition of the sand stone mine workers. There is also need to work with widows of mines workers as they have lost their husband as well as in absence of alternative livelihood opportunity their life become miserable.

Government initiatives and role of Employers to overcome the challenges by Sh. R.P. Pareek, Add. LC (RSBY), Labour & Employment, GoR

Mr. R. K. Pareek said that Rajasthan has good coverage of mines and minerals in almost all districts. About the mineworkers condition the state government need to take inspiration from Dr.Devrajan. In labour department the workers received a compensation for their health issues detected during their services and the Silicosis is also part of it.

He said that Many organisations are working towards the health and the Govt. also noticed the issue and compensation were provided to affected people or workers from rehabilitation funds. However the Doctor's were not able to identify the illness properly and most of the time they were treated with TB medication which is very alarming for all of us.

While working in labour department he felt that the relationship between mine owner and mineworkers is big challenge. The workers are mostly illiterate; take loans from contractors or others and most of the time, their children also works in mines. He mentioned that the working condition is very difficult and inhumane and workers do not receive any help or tools to work safely. He urged all stakeholders to keep all details of workers and help them in receiving some form of identity, so that they can avail facilities, payments receipts.

Government of India has formed the welfare schemes and in this, it is mentioned that if the working cost is more than 10,000/- then the worker has to receive benefits out of it.



Mr. R. K. Pareek provides details about flagship programme-National Health Insurance Programme(RSBY). This scheme is primary for MNEREGA, construction workers, street vendors, Bidi workers. Among all construction workers are given 100% premium and 75% in rest three categories. The insurance agencies are also identified at state and national level. The insurance company allot them smart card that is biometric card. There are 700 hospitals empaneled to provide inpatient treatment. And the expenses occurred are taken care by insurance agency. There is discussion going on about including mineworkers in the scheme. And state government has initiated process, there is need to provide details of mineworkers and the facilities will be available. For it he said that community based pilot plan can initiate and he also took a responsibility of doing the same thing.

Session 3: Rehabilitation and Social Security:

Social issues a case study on mineworkers Sh. Kaalu Ram KMPS, Trade Union Jodhpur

Workers situation and key issues:

Kaalu Ram mentioned that in Jodhpur illegal mines have started and owners are not in fear of anyone. The workers do not get any identity proof or labour records with them, so most of the time they get cheated and less payments. They have also seen the bounded labour system, widows and child labours in field. There is lack of basic facilities. Apart from Silicosis there are other issues, which has not focused and discussed.

Union interventions:

The union formed in 1995 in Jodhpur and recently they have started working in other districts too. The current membership is of 9,487 (3172 women and rest are male). They are also working in coordination with TUCC (Trade Union Coordination Centre).

The union do awareness generation among mineworkers. The union also assist workers in their medical check up. There was a man who had done the check up in government hospital at Jodhpur, the money had been

taken from him and he didn't receive any receipts. The union has also worked in getting the compensation for Silicosis affected workers. The union has started small schools for children of mine workers. Union also organise the health check-up camp. This check up is free of cost for mineworkers. The widows of mine workers were linked with income generation activities. However it is very small and they do not get financial support to fulfil their daily expenses.



Wrap up of the session, Actions and Recommendations by Dr M.K. Devarajan (IPS), Hon'ble Member State Human Rights Commission:

Dr M.K. Devarajan summarise the common issues/problems which discussed during the day and also presented the possible solutions as follows

Issues discussed during meeting

- Health- study reveals that mineworkers are more prone to health issues and accidents so there is need to provide medical facilities and provisions are also not available. The first aid facilities are not available, workers dying by having Silicosis, no health check up; there is absence of training or orientation before and during the work.

- Employment issues- the contractors and workers relations is major working area. The registration of contractor is also concern. Recording of payment and getting full payment. Head of organisation-Manjiri- mentioned that workers indebted their contracts are paid 30%-40% less from actual wages. There is no



provision of safe drinking water for workers at worksite, no committees at workplace to resolve their issues. The workers work in very conducive atmosphere. Most of the time due to this atmosphere, workers fall sick and get illness or diseases. And there are no options for the workers to earn after illness.

- Education facilities: the schools are either not present or they are located at very far and the children's are not able to reach to the schools. Most of the times the schools are not opened or the teachers are not available. In all this condition proper education and learning didn't happen in most of the places. The atmosphere is also not very supportive for the children and they are not willing to go to schools.
- Social issues- alcohol consumptions-
 - Women workers do not feel safe in the working areas.
 - Women find difficulties to work and manage their children at their home as they have to take dual responsibilities
 - Saving options are not available for the mine workers
 - In this areas migrant workers come for sake of earning and they do not have any identity proof, which become hindrance while availing any services from the Govt.
 - There is no consultation at workplace or at residence between workers and implementers
 - The workers have to pay double to buy basic things
 - The PDS (Public distribution system) services are not in good working condition

Recommendations:

- Dr M.K. Devarajan mentioned that cost effectiveness and usefulness of including the mine workers in RSBY should be examined before taking any decision.
- He also mentioned that at three different districts Doctor's training for treating and identifying the Silicosis will start soon.
- The initiation by NGO-providing diary is really good, it provides all details of labour and payment and it can be incorporated and introduced for all workers. It is very local solution and can be adaptable in all areas of Rajasthan. The additional health and life insurance scheme can be created
- Organising camp is good initiatives however, all are aware about Silicosis and now there is need of involving Medical services providers.
- IEC activities are very crucial, Government is doing it and at local level NGO's and workers can also do the same things.
- Funding under CSR activities can be taken and need to be explored
- The specific complaints should be given to Dr. Devrajan so that the action on those acts can be taken.
- The media and press has really worked well in this area, they were having the opinion that Rajasthan Govt. is not doing anything, however Govt has really taken the initiatives like provision of rehab funds.
- There is need to having the pension schemes for mine workers
- As in Sand stone mine area large number of mine workers widows are seeking alternative livelihood, government of Rajasthan has to

incorporated them with skill development programme or livelihood strengthening programme.

- The NGO's can work for the self-help group they can assist them very well.
- The DGMS is the nodal agency and has to take a charge of above all demands, which are very basic and required in the field.
- There is need to add Silicosis patients and his families in BPL list.
- Need to give disability benefits to silicosis-affected patients.

Conclusion:

During this meeting there was a presence of Mine workers, NGO representatives, Trade Union members, international donors, Business Communities and Government officers provided motivation and importance to the issue of mine workers. During the day, difficulties and challenges faced by mineworkers were discussed along with possible solutions. This workshop was also helpful for all the participants as they share and learn different practices that can be adapted while solving the issues of mine workers.

At the end Mr. Alok thanked all members and stakeholders for coming and participating in the meeting. He especially thanks to mine workers, NGO workers who came to attend the meeting. And special thanks to Dr.Devrajan, who guided and took the discussion very well.



Annex I Agenda of the workshop

“Policy and practice for better working conditions in the natural stone sector, Rajasthan”	
Date: Tuesday 23rd December 2014	
Venue: Conference Hall, Patel Bhawan, H.C.M.RIPA (OTS), JLN Marg, Jaipur Rajasthan	
10:00 - 10:30	Registration Reception, Networking tea and coffee
10.30 - 10:45	Welcome note from Rajasthan State Forum Mr. Ambuj Kishore /Varun Sharma, ARAVALI
10.45 -11.00	Event’s Introduction Mr. Ambuj Kishore / Varun Sharma, ARAVALI
11.00 - 11.10	Formal inauguration of the event
11.15 - 11.40	An Overview of the Social and Labour rights in sandstone mines and quarries By Dr M.K. Devarajan (IPS), Hon’ble Member State Human Rights Commission
11.40 - 12.00	Government perspective on mine workers’ issues BY Sh. R. K. Nalwaya ADM, Mines & Geology Department, Govt. of Rajasthan
12.00 - 12.15	Business Perspective and challenges Bram Callewier Business Community Member
1215 - 12.30	Case study by Dr.Vikas Bhardwaj, Daang Vikas Sansthan
12.30 - 1.00	Occupational Health issues of workers in sandstone quarries, Dr.Virendra Singh, Former Superintendent, SMS Hospital
1.00 - 2.00	Lunch
2.00 - 3.00	Presentation and discussion on Detection of Silicosis by Dr. M.K. Devarajan, Member, RSHRC
3.00 - 3.20	Migration a case study on mine workers GSVS by Abhay Kumar
3.20 - 3.45	Workers’ voice Worker Representative, Karauli by PrabhuDayal
3.45 - 4.15	Government initiatives and role of Employers to overcome the challenges by Sh. R.P.Pareek, Add. LC (RSBY), Labour & Employment, Govt. of Rajasthan
4.15 - 4.45	Social issues a case study on mineworkers Sh. Kaalu Ram KMPS, Trade Union Jodhpur
4.45 - 5.15	Wrap up of the session, Actions and Recommendations by Dr M.K. Devarajan (IPS), Hon’ble Member State Human Rights Commission
5.15 - 5.20	Vote of thanks

Annex II List of participants

SN	Name	Organisation
1.	Rajkumar Sen	IGMBVS, Sri Mahavirji, Karauli
2.	Bhagwan Sahay	IGMBVS, Sri Mahavirji, Karauli
3.	Satya Matai	Stone Shipper Ltd. Bundi
4.	Prerna Prasad	BW I South Asia Office, New Delhi
5.	Amrat Singh	CUTS International, Jaipur
6.	Kalu Ram Bhati	RPKNMS Jodhpur
7.	B.L.Gupta	Seaward Exports Pvt. Ltd. Kota
8.	Manish Singh	Manjari, Bundi
9.	Dr.D.B.Gupta	Manjari, Bundi
10.	Gaurav Kaushwah	TFT, New Delhi
11.	DharmendraGorna	RMPS Udaipur
12.	Rajinder	RVHA, Jaipur
13.	Vikram S. Raghav	RVHA, Jaipur
14.	H. P. Raizada	Rtd. Jt. Director, GoR
15.	Pawan Bhargava	MarbelMazdoor Union, Makrana
16.	Ganesh Ram	MarbelMazdoor Union, Makrana
17.	Suman Pujari	MarbelMazdoor Union, Makrana
18.	Abhishek Srivasata	Rajasthan Patrika, Jaipur
19.	Chhail Bihari Sharma	GKVPS, Dausa
20.	Amar Lal	Bundi
21.	Anil	Jaipur
22.	Dr.Malti Gupta	RUWA, Jaipur
23.	R.K.Gupta	Rajasthan University
24.	Madhukar Verma	ARAVALI ERRcC Kota
25.	S.N.Singh	ARAVALI, Jaipur
26.	Rakesh Agarwal	Mal Bros, Jaipur
27.	Bram Callewier	Belthrami, Belgium
28.	Deena Ram	Marble Mazdoor Union
29.	Radha	Marble Mazdoor Union
30.	Vikas Bhardwaj	Daang Vikas Sansthan Karauli
31.	Rajesh Sharm	Daang Vikas Sansthan Karauli
32.	Raju Lal	Khan Mazdoor Suraksha Sangthan Karauli
33.	PrabhuDayal	Khan Mazdoor Suraksha Sangthan Karauli
34.	Nekram	Khan Mazdoor Suraksha Sangthan Karauli
35.	Brijbhusan Sharma	DVS Karauli
36.	Sugar Bai	Khan Mazdoor Suraksha Sangthan Karauli
37.	Dharmendra	Khan Mazdoor Suraksha

		SangthanKarauli
38.	Prakash Chand	Khan Mazdoor Suraksha Sangthan Karauli
39.	Bajrang Singh	ManjaraiBudhpura, Bundi
40.	Babu Lal	Mine worker from Bhudhpura
41.	Jatan	Khan Mazdoor Suraksha Sangthan Karauli
42.	BarkhaMathur	BARC, Jaipur
43.	Sanjeev Kumar Safu	SRKPS Jhunjhunu
44.	Alok Sharma	ETI- New Delhi
45.	Gaurav Jain	ARVICOM, New Delhi
46.	Harsh Kalani	Shree Agencies, Kota
47.	Lokesh Gupta	ARAVALI
48.	N.K.Bairwa	SME (DMG) Jaipur
49.	Pavan Singh	Manjarai, Bundi
50.	Dr. Arvind Prakash	Sri Ram New Horizon
51.	Abhay Singh	GSVS Ajmer
52.	Vikash Singh	GSVS Ajmer
53.	R.K.Nalwja	Mines Department
54.	S.R. Qurbsm	
55.	Salini Agarwal	StonelandP. Ltd.
56.	Sai Poorna	Legend Stone P. Ltd.
57.	Ram Kishore Prajapat	Grammothhan, Jaipur
58.	KanhiyaPuri	GVSTK, Malpura
59.	Bhanwar Lal Tailor	JVS Tilonia
60.	Prakash	Silicosis patient
61.	Gera Devi	Silicosis patient
62.	Madu Devi	Silicosis patient
63.	Maga Ram	Silicosis patient
64.	Chena Ram	Silicosis patient
65.	Madan Mohan	Daily News
66.	Kriti Agarwal	Stone Land
67.	Manvendra Singh	RS Tone World
68.	M.K.Devrajan	RSHRC
69.	P.N.Sharma	S.R.Society
70.	Deepak Vyas	India News
71.	Bansi Bairwa	Prayas Kendra Harsoli
72.	Rishi Sharma	Siti News
73.	Jitendra Pradhan	Siti News
74.	Karan Devra	A-1 TV
75.	Sunil	A-1 TV
76.	Indumna Bora	BHL Delhi
77.	Vijay Goyal	RIHR
78.	Mahendra	Jaipur
79.	Priyanka	Jaipur
80.	R.K.	Jaipur

81.	R P Pareek	Labour Dept. GoR
82.	R.C.Gaur	Aape News
83.	Navel Kishore	AAPE News
84.	Shirish Khare	Rajasthan Patrika
85.	Suresh Chand	Sir Ganga Ram Hospital, Delhi
86.	Virendrajat	“ “
87.	Varun Sharma	ARAVALI
88.	Anil Jain	ARAVALI
89.	Ambuj Kishore	ARAVALI
90.	Vijay Jain	ETI
91.	Babu Lal	OTS, Jaipur
92.	Vishal	OTS, Jaipur
93.	B.L.Gurjar	ARAVALI