CONSOLIDATED ANNUAL RETURN

This form is in lieu of the returns required to be filled under following

Labour Laws

Period From Date:

1.	The Minimum Wa	ges Act 1948
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The Payment of Bonus Act 1965

- 3. The Payment of Wages Act 1938
- 4. The Contract Labout (R & A) Act 1970
- 5. The Factories Act 1948

2.

- 6. The Maternity Benefits Act 1961
- Name and Postal address of the establishment / Factory
- Name and residential address of the Employer / Occupier / Contractor
 .
- Name and residential address of the manager or person responsible for supervisor or control of the establishment / Factory
- 4. Date of commencement of the establishment / Factory
- 5. Nature of Industries / Activity
- Number of employees employed:
 (including contract workers)

Type of Worker	Unskilled	Semi Skilled	Skilled	Male	Female	Total
Direct						
Through Contractor						
Total						

7. Maximum no. of employees employed on any day during the year under report (including contract workers)

Type of Worker	Unskilled	Semi Skilled	Skilled	Male	Female	Total
Direct						
Through Contractor						
Total						

PART A:

The Part A is to be furnished if the maxmium numbers of employees employed on any day during the year under report do not exceed 9 (Nine).

- * Number of days the establishment / Factory worked in the
- * Number of man days worked in the year
- * Number of averages employees employed in the year
- * Actual wages paid catagory wise

Male

Female

* Total cash value of wages paid in kind

--NIL--

* Total emoluments paid in the year

Rs.

* Total fine imposed; if any

--NIL--

Other deductions; if any

Rs.

PART B:

The Part A and Part B are to be furnished if the maximum number if employees employed on any day during the year under report exceed 9 (Nine)

* Amount of bouns paid
 * Percentage of bonus paid
 * Number of Beneficiaries

0.00%
0

* If bonus is not paid, reason there of

PART C:

Part A,B & C are to be furnished, if the establishment has employed more than 9 contract labour on any day during the year under report (Details to be provided by the principal Employer)

- * Name and postal address of the contractor
- * Nature of work / operations of contractor
- Total number if days during the year on which contract labour was employed
- Total number of man days worked during the year by contract labour
- Total number of days during the year on which direct labour was employed
- Total number of man days worked by direct labour
- * Change if any in the management of establishment, its location, or any other particulars furnished to the Regstering Officer in the application for the registration (Details may be furnished with dates of changes)

Note: In case the number of contractors are more the details of each Contractor may be furnsihed in same columns in separate sheet.

PART D:

Part A,B & D is to be furnished by the factory registered under The Factories Act,1948 employing less than 250 employees.

*	Licence and Registration number of the factory					
*	Section of the Act under which the factory is covered					
		(a)	2(m)(i)			
		(b)	2(m)(ii)			
		(c)	85			
*						
*	Section of industry	(0)	Dublic Costor			
		(a)	Public Sector			
		(b)	Joint Sector			
		(c)	Govt. Sector			
		(d)	Private Sector			
*	Details of factory, if it carries Hazardous and dangerous process					
*	Details of factory,if it carries hazardous Operations as definde under section 2(cb) and 87					
*	Details of health and safety policy to be furnished by factories defined under section 2(cb)					
		(a)	2(m)(i)			
		(b)	2(m)(ii)			
*	Details of medical facilities to be furnished by factories registered under Section 2(cb) and Section 87					
		Numl	per of Factory Medical Officer			
			pational Health Center			
*	Details of facilities provided for					
	Details of facilities provided for	(0)	Shelter or rest room Yes/ No			
		(a)				
		(b)	Lunch room Yes/ No			
*	The factory employing 30 or more female employees has provided creche room with facility	Yes/ No				
*	Number if Dangerous occurrence during the year					
	Trained in Dangerous securiones daining the year					
*	Accident details					
	Accident details	Num	ber of Fatal Accident			
			ber of Non Fatal Accident			
			days lost			
*	Number of workers entitle for leave with	iviari	days lost			
	wages during the year					
*	Amount of leave with wages paid		0.00			
*	Average Number of female workers employed in the year					
*	Number of female workers applied					
	for benefit of medical bonus and amount paid	Num	ber			
		Rs.				

PART E: Part A,B,D and E are to be furnished by the occupier employing more than 250 enployees Details of canteen facilities provided Yes / No Details of safely committee formed Yes / No Yes / No Details of appointment of Walfare officers, Yes / No Details of appointment of Safely Officer. N.A. Details of factory Medical Officer appointed Yes / No Details of Ambulance room / Occupational Health center Yes / No facilities and staff N.B.: Details of additional facilities, if provided Yes / No may be mentioned in separate sheet PART F: Part A and F are to be furnished **HALFYEARLY** by the Contractors employing more than 9 workers. **Duration of contract** Number of employees worked during the half year .00 Average number of contract labout worked on any day during the half year. Details of Working hours 8 Hours / week (a) (b) Over timework NIL THURSDAY/SUNDAY/TUESDAY (c) Weekly holidays (d) Spread over N.A. (e) Weekly holiday paid or not. NO. Number of man days worked during the half year. **Female Total** Male Amount of Wages paid Amount of deduction from wages The following has been provided? Yes / No Canteen Yes / No Rest rooms Drinking water Yes Creches No First aid We maintain First Aid box, scissor, Medicated Yes bandage,cotton,dettol silver arc tube for burn, soframycir, metacine, laryago, disprine tablets eye drops.