

**FORM XXIV**  
**[See Rule 82 (1)]**

**Return to be sent by the contractor to the Licensing Officer**

Half Year ending \_\_\_\_\_

1. Name and address of the Contractor \_\_\_\_\_
2. Name and address of the establishment \_\_\_\_\_
3. Name and Address of the principal employee \_\_\_\_\_
4. Duration of Contract: From \_\_\_\_\_ to \_\_\_\_\_
5. Number of days During the Half-Year on which \_\_\_\_\_
  - (a) The establishment of the principal employer had worked.
  - (b) The Contractor's establishment had worked.
6. Maximum Number of contract labour employed on any day during the Half-Year:-

Men	Women	Children	Total
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7. (i) Daily Hours of works and spread over .
  - (ii) (a) Whether weekly holiday was observed and on what days?
    - (b) If so, whether it was paid for \_\_\_\_\_?
  - (iii) Number of man-hours of Overtime worked \_\_\_\_\_

1. Number of Man days worked by:-

2.

Men	Women	Children	Total
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3. Amount of wages Paid:-

4.

Men	Women	Children	Total
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5. Amount of deductions from wages if any:-

**6.**

<b>Men</b>	<b>Women</b>	<b>Children</b>	<b>Total</b>
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**11. Whether the Following have been provided?**

- (i) **Canteen**\_\_\_\_\_
- (ii) **Rest Room**\_\_\_\_\_
- (iii) **Drinking Water** \_\_\_\_\_
- (iv) **Creches**\_\_\_\_\_
- (v) **First-aid**\_\_\_\_\_

(if the answer is 'yes' state briefly standards provided)

**Place** \_\_\_\_\_

**Date** \_\_\_\_\_

**Signature of Contractor.**

ANNUAL RETURN OF PRINCIPAL EMPLOYER TO BE SENT TO BE REGISTERING OFFICER YEAR ENDING 31<sup>ST</sup> DECEMBER, 20\_\_\_\_\_.

**FORM XXV**  
**(See Rule 82 (2))**

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1. **Full name and Address of the Union Principal employer.**
2. **Name of the establishment -**
  - (a) **District**
  - (b) **Postal address**
  - (c) **Nature of operation/industry/ worked carried on**
3. **Full name of the manager or person responsible for supervision and control of the establishment**
4. **Number of contractors who worked in the establishment during the year (give details in annexure)**
5. **Nature of work/operation on which Contract Labour was employed**
6. **Total number of days during the year on which contract Labour was employed**
7. **Total number of man-days worked by contract Labour during the year.**
8. **Maximum number of workmen employed directly on any day during the year.**
9. **Total number of days during the year on which direct Labour was employed.**
10. **Total number of man-days worked by directly employed workmen.**
11. **Change, if any, in the management of the establishment, its location, or any other particulars furnished to the registering officer, in the application for registration indicating also the dates.**

Place \_\_\_\_\_.  
Date \_\_\_\_\_.

**Principal Employer**

**ANNEXURE TO FORM**

Name and address of the contractor <b>1</b>	Period of contract		Nature of work <b>4</b>	Maximum No. of workers employed by each contractor <b>5</b>	Number of days worked <b>6</b>	Number of man-days worked <b>7</b>
	Form <b>2</b>	To <b>3</b>				