

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.

Men	Women	Children	Total
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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 31ST DECEMBER, 20_____.

FORM XXV
(See Rule 82 (2))

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 1	Period of contract		Nature of work 4	Maximum No. of workers employed by each contractor 5	Number of days worked 6	Number of man-days worked 7
	Form 2	To 3				