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| **CONSOLIDATEDANNUALRETURN****Fortheyearending31stDecember2022**ThisformisinlieuofthereturnrequiredtobefilledunderfollowiungLabourLaws.ReturnPeriod From:  |
| 1).TheMinimumWage Act 1948. 4) TheContractLabour(R &A) Act 19702).The Payment of Bonus Act 1965 5) TheFactoryes Act 19483).The Payment ofWagesAct1938 6) TheManarnityBenefit Act19611. Nameand PostalAddressof theestablishment /factory
2. Nameand residenceaddressof theEmployer/Occupier/Contractor
3. Name&residenceaddressof theManager orpersonresponsible for supervision orcontrol of theestablishment.
4. Date ofcommencementof theestablishment / factory.
5. Nature of Industry/activitiy
 |
| **TypeofWorker** | **Unskiled** | **Semiskiled** | **Skiled** | **Male** | **Female** | **Total** |
| **DIRECT** |  |  |  |  |  |  |
| **THROUGHCONTRACTOR** |  |  |  |  |  |  |
| **TOTAL** |  |  |  |  |  |  |
| 7) Maximum No. of employees employed on any dayduringthe year under |
| **TypeofWorker** | **Unskiled** | **Semiskiled** | **Skiled** | **Male** | **Female** | **Total** |
| **DIRECT** |  |  |  |  |  |  |
| **THROUGHCONTRACTOR** |  |  |  |  |  |  |
| **TOTAL** |  |  |  |  |  |  |
| **Part-A**ThePart A is to befurnished, if the maximumno. of employees employed on any during theyear under report donotexceed9 (Nine).Number of daysestablishment/ Factory workedin the year.Number ofmandaysworkedinthe year.Number of avarage employees employed inthe year.Actual wages paid categorywise. **Male****Female****Total**Total Cash wagesPaid inkind.Total emoluments Paidin theyearTotal fineimposed ; if anyOtherdeductions ; if any **P.F.** : |

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| **PART-B** |
| Thepart A and part B aretofurnished if the maximum No.of employees employed on any dayduring theyear underreport exceed 9(Nine)Amount of bonus paid.Percentage of bonus paidNo.of bonus paid to Employee. ( No. of beneficiaries.)Date ofpayment.If bonus is notpaid, reason thereof;**PART-C**Part A,B and C are to befurnished,ifthe establishhas employed more than9contract labour onanydayduring theyear under report (Detail to beprovided byPrincipalEmployer )Nameand postaladdressof theContractorNature ofwork/ Operation ofcontractorTotal number of daysduring the yearon whichcontract labourwas employed..Total number ofman daysworked during theyear by contractlabour.Total number of daysduring theyearon whichdirectlabourwas employed..Total number ofman daysworked bydirectlabour.Changes, if any in themanagementof establishment, itslocation, or anyother particulars,furnished toTheRegistrationOfficer in theapplication for theregistration. ( Details may befurnished with datesof changes).**Note :- In casethe numberof contractorsare morethedetailsof each Contractormay befurnished in same colimn inseparate sheet.****PART-D**PARTA,B &D istobefurnishedby thefactoryregisteredunderTheFactoryAct,1948 employing less than250employees.Licence &Registration No. Of thefactory Regi.No.Section of the Act under whichthefactoryiscovered.(a) 2(m) (i)(b) 2(m) (ii)( c) 85Sector of Industry |
| 1. PublicSector
2. JointSector

( c) Govt. Sector |  |  |
|  |
|  |
| ( d) | Private Sector |  |

Detailof factory, if it carries hazardous and Dangerous process.:

Detailof factory, if it carries hazardous operation as defnedundersection 2(cb)&87. :

Detailof healthand safetypolicy tobefurnished byfactoriesdefinedundersection2(cb). :

(a) 2(m) (i)

(b) 2(m) (ii)

Detailofmedical facilitiestobefurnished byfactories

registered undersection 2(cb)& section87. :

# Numberof FactoryMedicalOfficer. :

**occupationalHealth Center.** :

Details of facilitiesprovided for :

# Shelterof restroomLunch room

Thefactoryemploying 30or more female

employees hasprovide crecheroom with facility.

YES / NoYES / No

YES / No

Number of dangerouceoccuranceduring the year. :

# Accidentdetails :- :

**No.ofFatalAccident** :

**No.of Non FatalAccident** :

**Man days lost.** :

Number ofworkers entitlefor leave with wagesduring the :year.

Amount ofleave with wagespaid. :Averagenumber of femaleworkers employedintheyear. :

Number of fremale workersapplied for benefit of medical :bonus & amount paid.

Number :

Rs. :

# PART-E

Part A,B, D& E areto befurnishedby the occupier employingmore than250 employees.

Detailss ofcanteen facelitiesprovided.Details of safety committeeformedDetails of appointment of welfareofficerDetails of appointment of safetyofficer

Details of factorymedicalofficerappointed

Details of ambulance room/occupation healthcenter facility andstaff.

YES / NoYES / NoYES / NoYES / NoYES / No

YES / No

1. B. Details of additionalfacelities maybementioned in separatesheet.

# PART-F

Part A and Fare tobefurnishedHALFYEARLYbythecontractors employing more than9workers.Duration ofcontract

* 1. Working hour :
	2. Over time work
	3. Weekly holidays
	4. Weekly holidaypaidornot

Number ofmandaysworked during thehalfyear.Amount of wagespaid

Amount of deduction fromwages

Thefollowinghasbeenprovided

Canteen YES

Rest rooms YES

Drinking water

YES

Creches NO

First AID YES

Remark, ifany

Date:Designation :

# ( Signature with Seal)

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