### Form – ‘R’ (*See* rule 27)

**ANNUAL RETURN**

**(for the year ending as 31st December )**

1. Name of the Establishment :-
2. Name of the Owner / Partner / Occupier / :- Director / Authorised Person
3. Name of the Manager :-
4. Total number of Workers Workers

Contract Labour Causal

Part Time Others Total

1. Whether the notice showing the details of persons engaged in confidential, managerial, supervisory capacity is sent?

:- Men Women

:- Yes No

1. Nature of Business :-
2. Registration number

Date of Validity of the Registration Certificate

1. Number of shift

Average number of persons engaged shift wise

1. Whether notice of shift is displayed and copy sent to the Facilitator?
2. Number of women workers engaged during the year (if applicable)

Number of women workers engaged in night shift

1. Whether consent letter from women workers working in night shift is obtained? (if applicable)

:- 1st 2nd 3rd

:- Yes No

:-

:- Yes No N.A.

1. Whether notice showing the weekly holidayof each worker is displayed?

:- Yes No

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 13. Whether committee under the Sexual | :- | Yes | No | N.A. |
| Harassment of Women at Workplace |  |  |  |  |
| (Prevention, Prohibition and Redressal) Act, |  |  |  |  |
| 2013 (14 of 2013) is constituted ? (if |  |  |  |  |
| applicable) |  |  |  |  |
| Name of the Chairman of the Committee |  |  |  |  |
| 14. Whether police varification of all the drivers | :- | Yes | No | N.A. |
| and staff engaged in transportation of |  |  |  |  |
| women workers is obtained ? (if applicable) |  |  |  |  |
| 15. Is identity card issued to all workers? | :- | Yes |  | No |
| 16. Is leave book maintained ? | :- | Yes |  | No |
| 17. Whether Committee for Health, Safety and Welfare is constituted ? (if applicable) | :- | Yes | No | N.A. |
| 18. Whether all safety measures as per the | :- | Yes |  | No |
| directions of fire officer / department oflocal authority or Fire Briged or any such |  |  |  |  |
| authority are observed? |  |  |  |  |
| 19. Whether First aid box is maintained? | :- |  |  |  |
| 20. Whether the following welfare facilities are | :- |  |  |  |
| provided (wherever applicable) |  |  |  |  |
| *(a)* sufficient number of laterines and |  | Yes |  | No |
| urinals |  |  |  |  |
| *(b)* Creche |  | Yes | No | N.A. |
| *(c)* Canteen |  | Yes | No | N.A. |
| 21. Whether all the records and registers are maintained and required notices are | :- | Yes |  | No |
| displayed. |  |  |  |  |
| 22. Any application for compounding of an | :- | Yes |  | No |
| offence is made during the year ? |  |  |  |  |
| if yes, |  |  |  |  |
| Date of application |  |  |  |  |
| Date of disposal |  |  |  |  |
| Amount of fees deposited |  |  |  |  |

1. Number of accident occured in the

establishment during the year Number of workers injured Amount of compensation paid

1. Is the name board displayed in Marathi. :- Yes No

**Declaration**

I /we Mr./Mrs. hereby solemnly affirm that all the information mentioned in the annual return are true and correct. I /we am/are aware that if any information submitted by me turns out to be false or not true or incorrect, I shall be liable for legal action under the concerned Law.

Date :

Place : Signture of Employer.