

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 :- Men Women
Workers
Contract Labour
Causal
Part Time
Others
Total
5. Whether the notice showing the details of persons engaged in confidential, managerial, supervisory capacity is sent? :- Yes No
6. Nature of Business :-
7. Registration number
Date of Validity of the Registration Certificate
8. Number of shift :- 1st 2nd 3rd
Average number of persons engaged shift wise
9. Whether notice of shift is displayed and copy sent to the Facilitator? :- Yes No
10. Number of women workers engaged during the year (if applicable) :-
Number of women workers engaged in night shift
11. Whether consent letter from women workers working in night shift is obtained? (if applicable) :- Yes No N.A.
12. Whether notice showing the weekly holiday of each worker is displayed? :- Yes No

13. Whether committee under the Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013 (14 of 2013) is constituted ? (if applicable) :- Yes No N.A.
- Name of the Chairman of the Committee
14. Whether police varification of all the drivers and staff engaged in transportation of women workers is obtained ? (if applicable) :- Yes No N.A.
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 directions of fire officer / department of local authority or Fire Briged or any such authority are observed? :- Yes No
19. Whether First aid box is maintained? :-
20. Whether the following welfare facilities are provided (wherever applicable) :-
- (a) sufficient number of laterines and urinals Yes No
- (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 displayed. :- Yes No
22. Any application for compounding of an offence is made during the year ? :- Yes No
if yes,
Date of application
Date of disposal
Amount of fees deposited

23. Number of accident occurred in the

establishment during the year

Number of workers injured

Amount of compensation paid

24. 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 :

Signature of Employer.